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KATRINA ALLAN BA Hons

**A qualitative study investigating the relationship  
between the meaning given to women's experiences of  
childhood sexual abuse and their interpersonal relationships**

A thesis submitted in partial fulfilment of the requirements of the Open  
University for the degree of Doctor of Clinical Psychology

SEPTEMBER 1999

**SALOMONS  
CANTERBURY CHRIST CHURCH UNIVERSITY COLLEGE**

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DECLARATION FOR DISSERTATION

DECLARATION

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Signed Krona (candidate)  
Date 14 July 1999

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This thesis is the result of my own investigations, except where otherwise stated. Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

Signed Krona (candidate)  
Date 14 July 1999

Signed JS Holtum (supervisor)  
Date 14/7/99

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## **ACKNOWLEDGEMENTS**

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Finally, I would like to thank Nick. Without you this would not have been possible. Thank you for your love and support.



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## **ABSTRACT**

**Objectives:-** Research in the field of meaning and trauma has failed to examine how interpersonal factors might impact on how people come to understand their experience of childhood sexual abuse, or how this meaning might change over time. This research aimed to develop a greater understanding of the meaning women develop for their experience of childhood sexual abuse over the course of their lives. A further aim was to investigate the ways in which interpersonal factors might impact on the meaning derived for these experiences and to investigate whether these meanings impacted on relationships with others.

**Design:-** The study employed a qualitative research paradigm using a grounded theory methodology.

**Method:-** Sixteen female participants were sought. They were recruited from self-help organisations and NHS mental health services. Face to face interviews were conducted using a semi-structured interview schedule. The interviews aimed to develop a greater insight into participants' current and past understandings of the abuse, explanations for changes in meaning over time (if applicable), the influence of interpersonal relationships on the meaning of the abuse, the influence of the meaning of the abuse on interpersonal relationships and the nature of the support desired to help participants manage these meanings.

**Results:-** Participant responses were analysed using aspects of the grounded theory method. Categories and themes were generated from the data. The data suggests that different meanings were given to the experience of sexual abuse in childhood and adolescence when compared to the current time. In particular, most of the participants interviewed reported 'self-blame' and 'the self as bad or wrong' in childhood and adolescence whereas current meanings were more likely to be characterised by 'perpetrator blame'. The impact of the meaning of the abuse on interpersonal relationships, and the impact of interpersonal relationships on the meaning of the abuse, also differed between childhood, adolescence and the current time. In childhood and adolescence, most participants described feeling disconnected from others. In contrast, many participants reported fearing rejection and feeling worthless in relation to others in adulthood. Relationships with others



were also reported to both modify and confirm abuse-related meanings, particularly in adulthood. The data generated suggests that the changes in meaning reported over time resulted from interpersonal life events and experiences, such as having children or forming close relationship with others.

**Conclusions and Implications:-** A tentative theoretical framework was developed from participants' responses to the research questions. This incorporated the difference in meanings that were given to the experience of childhood sexual abuse in childhood and adolescence when compared to the current time, and the relationship between these meanings and interpersonal relationships. A theoretical account was also developed to account for the changes in meaning given to participants' experiences of abuse from childhood and adolescence to adulthood. Methodological and conceptual issues in the research have also been addressed and suggestions made for further research. Implications for clinical practice are considered.

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## 1. INTRODUCTION

The study of childhood sexual abuse (CSA) has primarily focused on the prevalence and the psychological effects of the experience (Liem, O'Toole and James, 1996).

This has generated a large body of literature which has documented the substantial effects the experience of sexual abuse in childhood has on individual functioning.

This work begins by providing a selective overview of this literature. This research has been highly influential in raising awareness of the widespread nature of CSA and the negative impact of such experiences. Yet because much of this research has been atheoretical in nature (Morrow and Lee Smith, 1995) it has failed to address why or how sexual abuse in childhood results in the spectrum of adult symptomatology (Herman, 1992). It therefore has limited relevance in understanding how people can be helped to cope with their experience.

Recently, researchers have argued that it is necessary to move away from a symptom-orientated approach to the understanding of CSA, to develop a broader perspective that explores the ways in which the experience of trauma has an effect on underlying meaning processes. These meaning processes are believed to be pivotal to the individual's relationship to the self and the world (Lebowitz and Newman, 1996). This has resulted in a new way of conceptualising trauma and adaptation to trauma, which locates the meaning of abusive experiences at the core of the traumatic response.

Many researchers working within diverse intellectual traditions are now incorporating the importance of meaning into their understanding of CSA (e.g. Herman, 1992; Lifton, 1979; Horowitz, 1986). This study provides a selective review of this research and explores a number of the theoretical models generated from it.

**DAMAGED  
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However, there are also a number of gaps in this research. In particular, it fails to consider the nature and complexity of the relationship between meaning and interpersonal relationships. It is widely accepted that CSA is an interpersonal trauma that occurs in the context of relationships (George, 1996). By concentrating on the meaning of CSA without also investigating the interpersonal domain, the literature has not considered how a variety of factors such as attachment, object relations and patterns of interpersonal relationships may impact on the meaning derived from the experience of CSA, or the ways in which the meaning of CSA may impact upon these factors. It is, after all, in the interpersonal domain that people are most often helped to cope with the effects of their trauma.

Recent research in the field of meaning and trauma has also failed to explore the influence of developmental factors and the ways in which a narrative, or account of abuse-related meanings, is constructed over time. Clearly, for research in this field to be applicable, it is necessary to understand whether or how these meanings change over time, and the factors that influence this process. It will be argued that understanding more about the ways in which traumatically altered meanings change over the life-span is crucial in developing a more comprehensive understanding of adaptation to trauma and the ways in which people can be helped to cope with it.

An argument is made in favour of investigating the complexity of the relationship between CSA, meaning, interpersonal relationships and developmental factors. The possible impact of object relations theory, attachment theory and developmental research is explored.



The central aim of this study was to develop a greater understanding of the meanings women develop for their experience of CSA over the course of their lives and to explore both the impact of interpersonal relationships on this process and the influence of these meanings on a person's interpersonal relationships. It was anticipated that developing a deeper understanding of these issues would lead to important implications for clinical practice. The study employed a qualitative research paradigm and a grounded theory methodology. Female participants were recruited from self-help organisations and from NHS mental health services. Although the study was not intended to be comparative in nature, the data between the two groups were contrasted to identify potential sources of difference.

The literature reviewed in the introduction is inevitably selective given the enormous amount of research in the domain of CSA. It aims to provide an introduction and rationale for the current research rather than a comprehensive literature review. The study begins by outlining how 'sexual abuse' and 'meaning' have been defined in the research.

## **1.1 Definitions**

### ***1.1.1 Childhood sexual abuse***

Definitions of CSA vary and they sometimes use conflicting concepts and terminology. For example, it is unclear in the literature how many abusive incidents in childhood constitute CSA, and whether abuse experiences where perpetrators were peers should be included (Kuyken, 1995). In this research, CSA is defined as a sexual relationship between an adult and a child regardless of the perceptions of the child, coercion or physical force (Browne and Finklehor, 1986). It is a definition which is commonly used in the literature.

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### **1.1.2 Meaning**

The concept of meaning can be defined widely across different conceptual and theoretical frameworks. Definitions include the sense, significance or understanding of an experience or event, and the impact of the event on the person. Meaning has also been more broadly understood in terms of schemas, assumptions about the self and the world, and individual theories of reality. It can also be seen as an enduring state, process or structure within the individual that can be conceptualised as cognitive and affective in nature (Roth and Lebowitz, 1988). Meaning may also denote a sense of meaning *in* life or the meaning *of* life (Yalom, 1980).

For the purposes of this research, the term 'meaning' will refer to a person's understanding of an experience and a person's understanding of why the experience occurred. This definition has been used widely within the research literature which has explored the concept of meaning in relation to CSA (e.g. Taylor, 1983; Drauker, 1989).

## **1.2 Research on the incidence and psychological effects of CSA**

### **1.2.1 The incidence of CSA**

Considerable research has been conducted on the incidence of CSA. This research suggests that a significant proportion of women have experienced sexual abuse in childhood. Incidence rates vary from 12% (Baker and Duncan, 1985) to 38% (Russell, 1983) in community samples. Incidence figures amongst female psychiatric populations are considerably higher. These range from 16% (Painter, 1986) to 70% (Briere and Runtz, 1987). A number of factors account for this variability. These include response rate, unwillingness to disclose and the definition of CSA (Kuyken, 1995). Although a smaller proportion of males report sexual abuse

in childhood when compared to females, a significant proportion of males also report a history of CSA (McCann and Pearlman, 1990). Clearly, these incidence figures suggest that CSA is a fairly widespread phenomenon.

### **1.2.2 *The psychological effects of CSA***

A substantial body of research documents the traumatic impact of CSA. The abuse sequelae commonly reported include impairments in self esteem (Gold, 1986), depression and anxiety (Bagley and Ramsey, 1986), eating disorders (Waller, 1991), dissociation (Mollon, 1993) and borderline personality disorder (van der Kolk, 1986). Further long-term effects include feelings of guilt, shame, powerlessness, anger and self blame (Cornell and Olio, 1992). Herman (1992) argues that the multiplicity of symptoms that are associated with prolonged abuse in childhood provides evidence for the existence of a complex form of post-traumatic stress disorder.

Finkelhor and Browne (1985) conceptualise the long-term effects of the sexual abuse as 'traumatic sexualisation' (sexual dysfunction), 'betrayal' (impaired trust, vulnerability, anger and difficulties with intimate relationships), 'powerlessness' and 'stigmatisation' (leading to feelings of guilt and shame).

There is also some evidence to suggest that the nature and context of the abuse can influence its long-term effect. Russell (1986) found that the long-term effects are more pronounced if the abuser was a primary caregiver, if the abuse was severe and if the duration of the abuse was extensive.

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### **1.2.3 *The limitations of previous research***

The high incidence of CSA, together with the profoundly negative psychological effects on those who are abused, emphasises the value of research which aims to explore how people may be helped to cope with their experience. Whilst the research outlined above is important in documenting the effects of CSA, it has limited applications in determining how people can be helped to cope with their experiences. Because much of this research has been atheoretical in nature (Morrow and Lee Smith, 1995) it has failed to address why or how sexual abuse in childhood results in the spectrum of adult symptomatology (Herman, 1992). In particular, it fails to enrich our theoretical and conceptual understanding of the ways in which individuals who have experienced CSA construct and make sense of their experiences and develop trauma-based meanings. Recent research outlines the benefits of helping people to make sense of their experience of CSA within a therapeutic context (Roth and Newman, 1993).

## **1.3 Approaches to the study of meaning, trauma and CSA**

A growing body of literature is now examining the relationship between meaning and CSA. Although some of this literature applies to the wider study of trauma in general, it will also be examined more specifically in relation to CSA. These approaches can be divided into cognitive and social constructionist domains.

### **1.3.1 *Cognitive approaches***

#### **Social cognitive theory**

This model proposes that social-cognitive meaning schemas<sup>1</sup> are central to the experience of trauma. Within this model, schemas function to organise the self and

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<sup>1</sup> Schemas can be defined as basic structures which contain assumptions, beliefs and expectations about the self and the world. They provide frameworks for organising and interpreting experience (Segal, 1988).



the world. However, the experience of trauma both disrupts and distorts such schemas and creates a variety of trauma-related meanings (Lebowitz and Newman, 1996). Lebowitz and Newman (1996) found that females who had experienced CSA shared common meanings about the self and the world in relation to the abuse experience. These included self-directed negative beliefs such as self-blame, guilt and the belief that the self was 'bad'. Research also suggested that these meanings were often extremely difficult for individuals to manage and were highly disruptive to individual and interpersonal functioning (Roth and Newman, 1993).

Other influential social-cognitive theorists have also asserted that the concept of meaning plays an important role in the understanding of trauma. Janoff-Bulman (1982) argues that the experience of trauma serves to shatter an individual's fundamental assumptions and beliefs about the self, others and the world. These include commonly held beliefs that the world is comprehensible and meaningful, that the individual is invulnerable, and that the self is worthy. This theory is consistent with Horowitz's (1986) model of trauma which argues that traumatic experiences confront an individual with information that is inconsistent with that contained in existing schemas about their safety and vulnerability (Horowitz, 1986). After experiencing traumatic events, it remains difficult for the individual to hold the assumption that they are living in an orderly, predictable and meaningful world within which events happen for a reason. The disruption of these existing schemas leads the individual to search for an explanation of 'why' the experience occurred. The search for meaning has been widely reported in the trauma literature (e.g. Figley, 1983).

The social-cognitive models share a number of common assumptions. In particular, they advocate that traumatic experiences such as sexual abuse leads the individual to develop particular meanings which are basic to a person's relation to the self, others and the world. However, the models of Horowitz (1986) and Janoff-Bulman (1982) differ somewhat from the social cognitive model of Lebowitz and Newman (1996). Both Horowitz and Janoff-Bulman emphasise the *disruption* of existing schemas by trauma whereas Lebowitz and Newman also argue for the *creation* of traumatically-altered meanings when an individual suffers abuse. Lebowitz and Newman (1996) argue that their model may be more usefully applied to individuals who experience trauma in early life, before schemas and assumptions about the self and the world have been fully formed.

### Information processing theory

This approach posits that traumatic events are encoded in memory in highly organised trauma networks which contain information about the meaning of the trauma. These networks include data about the event (e.g. sights and sounds), responses to the event (e.g. physiological responses) and meaning elements (e.g. powerlessness and self-blame). Trauma networks are coherent, stable, resistant to change and are easily accessible (Creamer, Burgess and Pattison, 1992). They alter an individual's information processing to create a hyperawareness to potentially threatening material. This commonly leads to a high level of anxiety and arousal, and results in a pattern of behavioural avoidance to trauma-related cues, such as sexual activity (Lidz and Roemer, 1996).

This model has been usefully applied to treatment approaches for people suffering from Post-Traumatic Stress Disorder (PTSD) and trauma-related symptomatology



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such as intrusions, particularly in the context of a relatively discrete trauma (Lidz and Keane, 1989). However, limitations emerge when more 'negative' symptoms that are associated with early and chronic exposure to trauma are experienced, such as numbing and dissociation (Foa, Rothbaum, Riggs and Murdock, 1991). In addition, targeting symptoms through exposure is unlikely to be effective if they include problems of a broader nature, such as interpersonal difficulties (Lebowitz and Newman, 1996). In this event, it may be beneficial to explore the relationship between traumatic meanings and interpersonal relationships.

### Attribution theory

Attribution theory is concerned with the assignment of meaning to traumatic events (Dalenberg and Jacobs, 1994). It provides a framework to understand people's beliefs about the causes of events or experiences (Peterson, Maier and Seligman, 1993) and examines how people use their attributional understandings to understand, predict and control their environment (Michela and Wood, 1986). The desire to restore control is widely held to be a motivator of attribution processes (Michela and Wood, 1986).

A number of studies have looked at the experience of CSA from an attributional perspective. They have primarily focused on the adaptiveness of the self-attribution of blame, which is commonly found in those who have experienced CSA. Differing perspectives can be found in the research. Janoff-Bulman (1979) found that characterological self-blame (a global negative assessment of the self) was associated with low self-esteem and a belief that future victimisation was unavoidable, whereas behavioural self-blame (blaming the self for controllable acts) was associated with beliefs about personal control and efficacy. Other research

suggests that all forms of self-blame are associated with negative beliefs about the self. Research has also found that other-blame (for example, blaming the perpetrator) is linked to both poor functioning and adaptive functioning (McCann and Pearlman, 1990). This suggests that the adaptiveness of self and other-blame may lie in the unique meaning that it holds for the individual.

### Cognitive adaptation theory

The assignment of meaning to traumatic experience may be closely related to the process of cognitive adaptation. Taylor (1983) argued that this process involved three stages. First, the individual searches for meaning, to understand why the experience happened. Second, there is an attempt to gain a sense of mastery and control over the experience, to both manage it more effectively and to prevent its re-occurrence. Third, the individual ceases to compare themselves unfavourably with others. This enhances self-esteem. Draucker (1989) found that the accomplishment of these tasks were related to successful adult functioning in a sample of females who had experienced incest in childhood.

Clearly, there are a number of commonalities between each of the cognitive approaches to the study of meaning that have so far been described. However, other theoretical perspectives have also been concerned with the study of meaning. Literature from social constructionist theory and coping in CSA can serve to throw further light on how people may come to make sense of their experiences of CSA. This literature is explored below.

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### **1.3.2 Social constructionist perspectives**

At the heart of a constructionist approach is the notion that meanings, beliefs, explanations and stories are shaped by social and cultural contexts. This has been widely applied to the field of CSA. For example, feminist thinking has maintained that dominant patriarchal discourses have served to construct and legitimise patterns of CSA and violence against women (Alcoff and Gray, 1993). These culturally-bound assumptions shape the meaning of CSA, both on an individual and wider societal level.

White (1995) argues that medical or 'problem-focused' discourses of mental health serve to label and stigmatise individual experience. This suggests that by focusing on the symptoms and problems associated with CSA, negative and pathologising meanings may become attached to the identity of those who have experienced abuse in childhood. 'Problem saturated' narratives may result in ascribing blame to the individual, seeing him or her as 'weak', 'inadequate', ill and stigmatised (Dallos, Neale and Strouthos, 1997). Alcoff and Gray (1993) suggest that it is essential to create an alternative discourse which enables individuals to construct their own meanings for their experiences.

This perspective broadly adheres to the principles held by the Survivor's Movement, which promotes the empowerment of passive 'victims' to become active 'survivors' (Alcoff and Gray, 1993).

Inherent within a social constructionist perspective is the premise that people are interpretative beings constantly looking for meaning in their environment. Narratives are culturally-bound stories which are constructed to organise and give meaning to

experience over time (White 1988). Individual and family life is shaped by the interplay of narratives or stories which attempt to make sense of events and create a sense of coherence and continuity over time (Dallos et al, 1997). A central tenet of narrative theory is that narratives do not directly reflect objective reality; they are shaped by cultural and family discourses.

Research suggests that the narratives of individuals who are abused in childhood differ from the narratives of others. By developing dissociative mechanisms as a response to overwhelming trauma (whereby normally integrated thoughts or streams of consciousness are separated), the individual may experience depersonalisation, derealisation and the fragmentation of perceptual experience (Mollon, 1998). This may lead to the development of inconsistent, fragmentary and incoherent narratives in adulthood (Chu, 1998). Harvey, Orbuch, Chwalisz and Garwood (1991) found that those who were able to construct an account or 'story' of their experiences of CSA coped more adaptively. This suggests that the process of developing a narrative or account of a person's experience has an impact on their functioning.

### ***1.3.3 Coping and CSA***

There is a substantial and growing body of literature on coping and CSA. Although the study of coping is distinguishable from the meaning-related literature that has been introduced, it does help to enrich our theoretical understanding of the ways in which individuals respond to sexual trauma. Also, some literature in this area has explored the relationship between the meanings that are generated from the experience of CSA and long-term coping effects.



Research suggests that individuals who have experienced CSA cope with their experiences in many different ways. The process of coping appears to be facilitated by adopting a number of strategies. These may include minimisation, rationalisation, dissociation, denial, depersonalisation and attempts to establish control over other life factors (Long and Jackson, 1993). Coping strategies are linked with psychological adaptation; they may provide a potential mediating role between the abuse itself and later adjustment (Finkelhor, 1979). However, research suggests that coping strategies formed in childhood are not necessarily adaptive later in life (McCann and Pearlman, 1990). Herman (1992 pp. 114) states that 'as survivors attempt to negotiate adult relationships, the psychological defences formed in childhood become increasingly maladaptive. 'Double think' and a 'double self' (the child's belief that the abuse did not occur) are ingenious childhood adaptations to a familial climate of coercive control, but they are worse than useless in a climate of freedom and adult responsibility'. Clearly, the experience of sexual abuse in childhood confronts the individual with a considerable task in adapting and coping throughout the life-span.

Particular coping mechanisms may hinder the individual's ability to develop a sense of meaning for their experiences (Roth and Newman, 1993). These include avoidant coping mechanisms such as dissociation, denial and depersonalisation. By blocking out the sexual trauma from awareness, the capacity for deriving a sense of meaning for the experience is restricted. This may make it difficult for the individual to integrate their experiences into their view of the self and the world, resulting in a poorly integrated and fragmented self and disturbances of affect (e.g. lack of pleasure, diminished emotional awareness and depression). Furthermore, the

individual may be at a greater risk of developing post-traumatic stress symptomatology (Dye and Roth, 1991).

Research also suggests that there is an association between meaning and adaptive ways of coping with CSA. Women were found to cope better with the experience of CSA when they were able to find 'positive' meanings for their experiences (Thompson, 1985). Also, individuals who were searching to understand why they were sexually abused reported less psychological distress, better social adjustment and higher levels of self esteem than individuals who were unable to develop an understanding of why the experience happened to them (Silver, Boon and Stones, 1983).

#### **1.4 Summary and limitations of the existing research**

The existing research provides a significant contribution to our understanding of the relationship between CSA and meaning. Clearly, the importance of the human reality and the personal meaning of sexual trauma in childhood is gaining increasing recognition within current theory and research. However, this research fails to adequately examine the role of interpersonal relationships in the meaning given to sexual trauma. The interpersonal domain is central to the understanding of CSA because of the interpersonal nature of this experience. Understanding more about the complexity of the relationship between meaning and the interpersonal world may provide greater insight into the construction of meaning in the traumatic experience and the ways in which individuals adapt to traumatic events. It may also help us to determine how individuals may be helped to construct more adaptive 'meanings' or understandings for their experience of CSA.



The research has also failed to address the construction of meaning from a developmental perspective. Although there is widespread recognition of the ways in which narratives or accounts of traumatic experience are constructed, this research has not directly examined the development of meaning throughout the life-span. This is an important omission. Developing an understanding of the ways in which trauma-related meanings change over time may enhance our theoretical knowledge and enable us to know more about how to develop clinically-effective interventions.

The importance of the interpersonal nature of the experience of CSA has been emphasised throughout this review. Only a relatively small amount of research has been conducted in this area. This is explored below. A great deal is still unknown about the relationship between interpersonal relationships and the meanings people form to understand their experiences of CSA. There are several alternative research traditions which may help to inform and deepen our understanding about this relationship. Literature from object relations theory and attachment theory is explored.

### **1.5 The relationship between interpersonal relationships and CSA**

CSA is associated with a range of social and interpersonal difficulties throughout the life-span. A consistent research finding has been the relationship between CSA and poor relationships with parents, in particular the mother (Kuyken, 1995). Individuals who have experienced abuse commonly describe their relationship with their mother as hostile, emotionally distant and lacking in trust (Backman, Moeller and Benett, 1994; cited in Kuyken, 1995). In addition to poor parental relationships, sexually abused children are more likely to report difficulties in developing and maintaining peer relationships (Adams-Westcott and Isenbart, 1996).

Individuals reporting CSA are also more likely to report instability in their close relationships in adulthood, and are more likely to evaluate their partner negatively. These relationships are described as less emotionally intimate, caring and close (Mullen, Martin, Anderson, Romans and Herbison, 1994). Individuals also report a sense of isolation and alienation from others (Roth and Lebowitz, 1988). Herman (1992) suggests that the experience of CSA restricts the development of trust in others. This leads to a difficulty in forming and maintaining intimate relationships and results in a sense of alienation, disconnection and isolation. The individual's inability to view the world as an essentially benign and safe environment may also damage the way that the self is created and sustained in relation to others.

Research also suggests that interpersonal relationships may have a positive and protective function for the individual. Alexander (1992) found that women who maintained stable marital relationships were protected against some of the potentially adverse outcomes of CSA.

Unfortunately, research exploring the impact of CSA on interpersonal relationships is at an early stage of development. As yet we have no clear ideas about why the experience of CSA impacts negatively on relationships nor do we know a great deal about how the meaning people form for their experience of CSA impacts on their relationships in childhood or adulthood. We also know little about how interpersonal relationships might help people to cope with their experience of abuse or help them to alter the way they come to understand it. The possible effects of forming negative object relations and poor attachment models in childhood are explored below.

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## **1.6 Theoretical perspectives on interpersonal relationships and the effects of CSA**

### ***1.6.1 Object relations theory***

Object relations theory provides a way of understanding relationships between individuals (Scharff and Scharff, 1994). According to this theory, internalised aspects of the self and others are formed during the early years of life and structure the adult's capacity to relate to the self and others. Meaning is derived from these self and other representations (Chu, 1998).

Disruption in the development of early object relations through trauma or deprivation results in an impairment in both intrapsychic structure and the interpersonal pattern of relationships (Stovall and Craig, 1990). The experience of trauma may therefore disturb the individual's relationship with the internal and external world (Elliott, 1994). Stovall and Craig (1990) found that sexually abused children have an impaired ability to perceive and relate to others as separate from the self. This disturbance in the boundary between the self and others may restrict the extent to which 'healthy' reciprocal and flexible relationships can be established.

### ***1.6.2 The effects of attachment***

Attachment theory suggests that a person's relationships with primary caregivers in the first few years of life profoundly affects their ability to form relationships with others and develop positive 'internal working models' of the self and the world (Bowlby, 1951). Positive attachment models are also essential for both current and future mental health. Poor experiences of early relationships are believed to lead to the development of negative internal working models of the self as unworthy, and views of others as unreliable, unavailable and harmful (Scroufe, 1986).

Internal working models are generally hypothesised to be relatively stable because they operate out of awareness and tend to be over-learned (Bowlby, 1988).

Significant associations have been found between insecure attachment in infancy and interpersonal and mental health difficulties in both childhood and adulthood (Belsky and Nezworsky, 1988). Yet, research also suggests that attachment classifications in infancy can be modified in later life. The development of an attachment-type relationship with a significant other (e.g. a partner) can provide the individual with a corrective experience that may compensate for poor attachment models in early life (Ainsworth, 1991).

It is surprising that little research appears to have been conducted on the attachment models of people who have been abused in childhood. Alexander (1992) did examine the attachment classifications of sexually abused women and found that CSA is associated with insecure and disorganised attachment patterns. An exploratory study also found that a significant proportion of women with a history of CSA found it difficult to separate from their primary attachment figures, when compared with non-abused women (Stalker and Davies, 1995). Herman (1992) argues that 'all the abused child's psychological adaptations serve the fundamental purpose of preserving her primary attachment to her parents in the face of their malice, helplessness or indifference'.

Both object relations and attachment theory view the person from a developmental perspective. In the following section further literature which has studied the experience of CSA from a life-span and developmental perspective is introduced.



## 1.7 Life-span and developmental perspectives

Unfortunately, research has largely failed to explore the meaning of CSA from a developmental perspective. There is also a paucity of empirical work which has looked at the effects of CSA across the life-span, or the impact of abuse on the course of psychosocial development (Downs, 1993). Studies that have explored this latter area are outlined below.

The experience of abuse can affect the overall pattern of a child's development. Mullen et al (1994) suggest that CSA disrupts the development of the child's emerging sexual identity, the ability to trust others, the sense of the self as an active agent with some control over the world, and the growth of self esteem. These developmental disruptions may leave the individual vulnerable to later psychological and psychosocial difficulties. The interruption of developmental tasks in early life may also adversely affect the completion of these tasks at later stages. This may lead to the progressive accumulation of abuse effects over time (Downs, 1983).

Gomes-Schwartz, Horowitz and Sauzier (1985) found that the transition from childhood to adolescence is particularly difficult for sexually abused girls.

Developmental tasks which include attaining a positive and new sense of self (including the critical components of self-esteem and body image), establishing intimate relationships with same-sex and opposite-sex peers, and developing independence from the family of origin, may be disrupted by the trauma of CSA. The process of sexual maturation in adolescence can recapitulate the psychological trauma of the abuse; this may be experienced as being out of the individual's control and generate painful avoidance reactions to pubertal changes. Gelinas (1983) suggested that 'developmental triggers' occurring in adolescence or early adulthood

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could bring to the surface previously denied emotions regarding the abuse; for some individuals trauma-related sequelae will peak during these stages of development.

Unfortunately, this is a poorly developed area. Research has also failed to explore how developmental factors in adulthood and older adulthood might be disrupted in people who have been sexually abused in childhood.

## **1.8 Summary**

The experience of sexual abuse in childhood is a widespread problem that leaves the individual vulnerable to a range of individual and interpersonal difficulties. A substantial body of the literature that has been reviewed appears to reach a position of common ground: that personal meaning is central to the experience of trauma, the response to trauma and adaptation to trauma. Unfortunately, the literature has so far largely neglected how interpersonal factors might impact on how people come to understand their experience of CSA, nor how this meaning might change over the course of a person's life. Interpersonal and developmental factors are clearly integral to our understanding of how people make sense of, and cope with, their experience of trauma.

## **1.9 Research aims**

The research aimed to develop a greater understanding of the meaning women develop for their experience of CSA over the course of their lives, and the influence and impact of interpersonal relationships on this process<sup>2</sup>. The study also aimed to explore the ways in which interpersonal relationships might impact on the meaning derived from these experiences of sexual trauma. A further aim was to investigate

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<sup>2</sup> For the purposes of this research, meaning refers to a person's understanding of an experience, and why the experience occurred.



whether these meanings changed over time, and the factors that might have influenced this process. It was also anticipated that information would be gathered on the nature of the support that participants might like to help them manage the meanings that they had generated for their abuse.

### **1.10 The choice of methodology**

A qualitative methodology based on a grounded theory approach was considered to be the most appropriate research methodology given the research aims identified. Grounded theory is based on a constructivist epistemology and is concerned with grounding theory in participants' own experiences and accounts of the self and the world (Henwood and Pigeon, 1995). It aims to examine how meaning, interpretation and understanding are constructed and ascribed to individual experience. These accounts are believed to be located within systems of socially constituted meanings (Hoshmund, 1989). Charmaz (1995) suggests that qualitative methods are particularly suitable for exploring the relationship between the individual and their social and interpersonal world. The grounded theory approach provides rigorous analytic strategies for organising and making sense of unstructured qualitative data. It also provides a basis upon which theory can be generated.

The aim of this research was to promote a greater theoretical and conceptual understanding of the relationship between the meaning of CSA and interpersonal relationships, and generate a rich body of data which might inform clinical interventions. The emphasis on individual experience and meaning within a qualitative research paradigm enabled the research to move away from the traditional approaches to research in the field of CSA which has primarily examined constellations of symptoms rather than deeper level processes. This alternative

approach also rejects a discourse which can be seen as problem-focused and potentially pathologising (Dallos et al, 1997). By moving beyond a positivist, scientific approach to adopt an essentially social constructionist perspective, the research endeavoured to uncover other possible ways of constructing the 'reality' of CSA.

### **1.11 Research questions**

The following research questions guided the development of the interview schedule and the information gathered during the course of the interviews.

1. What meanings do participants generate for the experience of CSA:
  - a) in childhood, b) adolescence, c) at the current time?
  
2. How and in what ways have interpersonal relationships affected the meanings participants form for their experience of CSA:
  - a) in childhood, b) adolescence, c) at the current time?
  
3. How and in what ways have the meanings participants have generated for their experience of CSA impacted on their interpersonal relationships:
  - a) in childhood, b) adolescence, c) at the current time?
  
4. What explanations do participants have for any changes in meaning over time?
  
5. What support do participants feel they would like to help them manage the meanings that they have generated for their abuse? What qualities are helpful or unhelpful in others?

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## 2. METHOD

### 2.1 Design

The study employed a qualitative research design and a grounded theory methodology (Henwood and Pigeon (1995). A semi-structured interview schedule was designed to address the research questions. Data were obtained from face to face interviews.

### 2.2 Participants

Sixteen female participants took part in the study. Eight participants were recruited from an NHS psychotherapy service and eight participants from self-help organisations.

#### 2.2.1 Sampling

In contrast to quantitative research methods, qualitative approaches adopt a theoretical rather than a representative approach to sampling (Glaser and Strauss, 1967). In theoretical sampling, participants are selected because they can provide a rich illustration of the phenomena under investigation. There was considerable variation in the sample selected in terms of age, educational achievement, employment, contact with services and the nature of the abuse experienced. However, for ethical reasons, participants were not asked details about the history and severity of their abuse given that disclosing this information may have been overly distressing for participants.

#### 2.2.2 Inclusion and exclusion criteria

Participants were selected if they reported a history of sexual abuse in childhood.

Participants were excluded from the study if they:

- a) were likely become overly distressed by the nature of the questions asked;
- b) were considered to be cognitively impaired;
- c) were engaged in other research studies.

2.2.3 Participant characteristics<sup>1</sup>

This information is summarised in Tables 1 and 2.

Table 1. Participants recruited from self-help organisations

PARTICIPANT NAME	AGE	SEX	PAST AND PRESENT CONTACT WITH MENTAL HEALTH SERVICES	DOMESTIC CIRCUMSTANCES	EMPLOYMENT
Sally	31	F	None	Married Two children	Works part-time
Mandy	23	F	Previous contact with psychiatry services	Married Three children	Works part-time
Sara	33	F	Previous contact with psychiatry services	Married Two children	Unemployed
Jane	41	F	None	Married Two children	Works part-time
Susan	27	F	Previous contact with counselling services	Married Two children	Unemployed
Kate	25	F	None	Married One child	Unemployed
Julie	23	F	Previous contact with counselling services	Single No children	Works part-time
Maria	42	F	Current and previous contact with psychiatry and psychology services	Single One child	Unemployed

Table 2. Participants recruited from mental health services

PARTICIPANT	AGE	SEX	PAST AND PRESENT CONTACT WITH MENTAL HEALTH SERVICES	DOMESTIC CIRCUMSTANCES	EMPLOYMENT
Janet	36	F	Psychiatry and group psychotherapy	Married Two children	Part-time student
Jenny	26	F	Group psychotherapy	Divorced One child	Unemployed
Chris	31	F	Psychiatry and group psychotherapy	Divorced, Two children	Unemployed
Sarah	30	F	Group psychotherapy	Cohabiting One child	Works full-time
Karen	42	F	Group psychotherapy	Married Two children	Works part-time
Chris	32	F	Counselling	Married Two children	Unemployed
Annabel	35	F	Counselling	Single No children	Works part-time
Martina	25	F	Counselling	Married One child	Unemployed

<sup>1</sup> Pseudonyms were used throughout to maintain confidentiality. Any information which could identify participants has been altered.



### **2.3 The interview schedule**

A semi-structured interview schedule was devised (Appendix 1). It aimed to address the research questions. The schedule was developed through a comprehensive literature review and guided by the author's initial thoughts and ideas (see research diary, Appendix 6). The schedule was open-ended and aimed to encourage participants to openly express their views on the issues in question. A series of prompts were devised to assist the participants if necessary. The interview was designed to last approximately one hour to one and a half hours.

The interview schedule was piloted prior to the first interview. It was shown to three professional colleagues and minor amendments were made. For example, the wording of questions about the meaning of CSA was amended to make it more understandable. The first two participants interviewed were also asked to give feedback about the process. The participants appeared able to express their views openly within the interview structure, and did not suggest any changes to the schedule. Therefore, no further modifications were made. An overview of the interview schedule and interview procedure is presented below.

#### ***Section 1: Pre-interview briefing***

A schedule was read out to explain the nature and purpose of the research and the research procedure. Participants were also informed that confidentiality and anonymity would be maintained in the write-up of the research and that the interview could be stopped at any time. Verbal consent was gained.

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**Section 2: Background information**

This section aimed to gather information about the participant's age, domestic circumstances (including marital status and children), educational history and employment.

**Section 3: The meaning of the abuse**

This section explored participants' current and past understandings of the abuse. These were elicited for childhood, adolescence and the present time.

**Section 4: Explanations for changes in meaning over time (if applicable)**

Questions aimed to explore participants' views on the nature of any changes in the meaning they had formed for the abuse, and explanations for why these meanings had changed.

**Section 5: The influence of interpersonal relationships on the meaning of the abuse**

Participants were asked if relationships with others had influenced the meaning given to the abuse over time. Participants were asked about relationships in childhood, adolescence, young adulthood (if appropriate) and the present time. If required, participants were prompted to think about their relationships with family members, friends and professionals.

**Section 6: The influence of the meaning of the abuse on interpersonal relationships**

This section explored participants' views about the way in which the meanings given to the abuse may have impacted on relationships with others (both in the past and at



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the present time). Participants' were asked to consider this in childhood, adolescence and at the present time. Prompts included exploring relationships with family members, friends and professionals.

### ***Section 7: The role of services***

Participants were asked about the characteristics of relationships that are both helpful and unhelpful in managing the meanings that are generated from the abuse. They were also questioned about how services might be improved to help them to manage these meanings, and develop improved relationships with others.

### ***Section 8: The meaning of the interview***

This section explored how the participants felt at the end of the interview and whether the interview had been experienced as a helpful or unhelpful process.

### ***Section 9: Debriefing***

The final section explored whether the interview had raised difficulties for participants. Responses were read back to participants and they were given the opportunity to amend or leave out any responses they had given. They were also asked if they would like to add anything further. Participants were again informed about the purpose of the research and asked whether they would be interested in meeting in the future to provide feedback on the emerging analysis. Participants were also asked if they would like to receive a summary copy of the research.

### ***Section 10: Researcher's feelings and impressions***

Overall impressions and the feelings generated in the researcher were recorded after each interview.

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## **2.4 Procedure**

### **2.4.1 Overall research procedure**

The researcher approached two self-help organisations, a psychotherapy service and a clinical psychology and counselling service. The aims and purpose of the study were explained to the professionals<sup>2</sup> within these services. Once an agreement to be involved in the research was established, potential participants were identified by the worker. After participant consent was gained, an initial meeting was set up between researcher and participant. This enabled potential concerns and questions to be addressed. A time was then arranged for the main research interview. All participant interview responses were recorded by hand and later transcribed onto computer. Ethical issues were carefully considered throughout. These are outlined below.

### **2.4.2 Ethical issues**

Ethical approval was gathered from three local research ethics committees (Appendix 2). The research adhered to the British Psychological Society's Ethical Principles and Guidelines (1993) and the Division of Clinical Psychology Professional Practice Guidelines (1995). The research was designed to consider the following ethical concerns. First, to ensure that individuals who were likely to find the interview distressing were not selected. Second, to enable participants to give informed consent to participate in the study. Third, to inform participants of their right to withdraw from the study at any time. Finally, to ensure that support was available to participants should they experience distress during or after the interview.

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<sup>2</sup> The term 'professional' is used to refer to the recruiting professional or self-help worker.

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The research process was managed through the implementation of a series of ethically-informed procedures. The procedures were as follows:

*A) Inclusion and exclusion criteria*

The recruiting professionals were informed of the nature and procedure of the study and the criteria for inclusion and exclusion (see section 2.2.2). Individuals that were considered vulnerable to becoming distressed in the interview were not approached.

*B) Information sheet (Appendix 3)*

This was designed to outline the nature and purpose of the research to participants to emphasise the participant's right to withdraw from the research process, and to inform participants about issues of confidentiality and anonymity.

The information sheet was given to potential participants by the professional working with them. The professional was available to provide more information and to respond to any questions. If the participant gave consent to be involved in the research (see section 2.4.2C) the purpose and procedures of the study were again outlined during the pre-interview meeting with the researcher. In particular, the participant's right to withdraw from the study was emphasised. The participant was also encouraged to ask further questions. These points were reiterated at the start of each interview.

*C) Consent form (Appendix 4)*

A consent form was devised for the purposes of the study. It was completed by the participant and co-signed by the professional involved once they were assured that the participant was able to make an informed decision about participation. Verbal

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consent was obtained by the researcher in the pre-interview meeting with the client and before the main research interview.

#### *D) Procedures to provide support and minimise potential distress*

The research took place in a familiar context to participants (self-help centre or psychotherapy service) where support would be available to participants should they experience distress. The recruiting professionals were also informed of when the interview would take place and arrangements were made to contact them if necessary. All participants were debriefed after the interview. The work telephone number of the author was also given so that each participant could discuss any subsequent issues after the interview itself.

## **2.5 Data handling**

Grounded theory methods provide a set of strategies for analysing interview transcripts. These inductive analytic procedures are explicitly aimed towards developing theory (Strauss and Corbin, 1990). The grounded theory method aims to simultaneously gather data and conduct the analysis (Charmaz, 1995). Due to time constraints, the data analysis was completed after the data collection had taken place, although particular areas of interest were explored in more detail over the course of data collection.

The analytic phases are described below.

### *A. Coding*

The data was read a number of times to familiarise the author with the material. Each line of data was examined and initial codes were constructed and labelled.

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Codes were selected to capture, synthesise and understand the main issues that related to the research questions.

### *B. Categorisation*

In this stage, a number of higher order groupings were devised to subsume common themes and patterns found in the codes. These groupings formed tentative categories to describe central features of the data. Each category was then conceptually defined, whilst remaining consistent with the data. Each category was illustrated with a section of the transcript.

### *C. Memo writing*

A number of memos were created to enable the initial categories to be explored and refined. They comprised of a series of preliminary, partial and flexible written records which enabled the data and emerging analysis to be developed in greater depth. Memos were also constructed to help the author to think openly about the data, whilst shaping and forming the emerging analysis. A sample memo can be found in Appendix 8.

### *D. The development of themes*

A number of themes were identified by creating clusters and making connections between the initial categories. This process enabled the analysis to have a greater sense of order and coherence. Themes were checked back to the transcript to ensure that they continued to apply to the initial source material.



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### *E. Axial coding*

Sections of data which investigated explanations for the change in meaning over time (see section 2.3(4)) were systematically linked through the process of axial coding. This involved making connections within the text by connecting causal conditions, phenomenon, strategies, and consequences.

### *F. Respondent validity*

Four participants were re-interviewed and asked to comment on the analysis that had been generated (including the initial categories and themes).

### *G. The construction of theory*

The final analytic stage aimed to develop a theoretical framework based on the categories and themes that had been constructed.

## **2.6 Reliability and validity**

The extent to which qualitative research can achieve a high standard of rigour and verification is a complex and still emerging area (Lincoln, 1995). Standards of quality and verification are increasingly being employed within this research methodology (Cresswell, 1998).

A number of measures were undertaken to maximise the reliability and validity of the study. Some were 'internal' measures (i.e. they examine potential biases and assumptions held by the researcher) and some were 'external' measures (i.e. they verify the standard of the research with participants and other professionals). These measures are detailed below.

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### *A. Inter-rater reliability*

This was undertaken to measure the consistency and repeatability of the analysis. An independent rater assigned pre-selected samples of the transcript into the codes and categories that had previously been identified by the researcher. The percentage agreement on this categorisation was calculated.

### *B. Generativity*

Henwood and Pigeon (1995) argue that the standard of research should be judged by its clinical implications and potential to generate further research. This study has a number of clinically informative implications and points to a number of areas for further research. These are developed in the discussion.

### *C. Respondent validity*

This procedure determines to what extent the analysis reflects the realities of the participants. It also enables the quality and credibility of the researcher's findings to be examined. Respondent validity was gathered by feeding back the categories, themes and emerging analysis to six participants (three participants recruited from self-help organisations and three from NHS sources). Participants were asked to make a judgement on the accuracy of the analysis and comment on the emerging theoretical framework.

### *D. Auditability*

Charmaz (1995) argues that the interaction between the researcher and the researched produces the data; this means that the researcher must be self-reflexive about why and how the data are gathered. This was addressed in a number of ways. The potential biases and assumptions held by the author were explored in a

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research diary kept by the author throughout the study. Peer review also provided an external check of the research process. An outline of the research and the analysis was presented to five professional colleagues who asked the researcher a series of questions about data interpretation and analysis. These procedures enabled potential biases and prejudices held by the researcher to be examined (Cresswell, 1998).

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### 3. RESULTS

The results are divided under each of the research questions. Approximately 300 basic codes were elicited from the interview transcripts in the initial stage of the analysis. Through a continued process of analysis the codes were amended and grouped into conceptual categories and themes. Explanations for the change in the meaning given to the abuse were axially coded (Strauss and Corbin, 1990). Within each research question, the results have been divided into the past (childhood and adolescence) and the current time. Common issues and differences between childhood, adolescence and the current time are briefly explored. An example of an individual participant has been given to further illustrate the analysis. The original analysis also looked for commonalities and differences between the responses given by participants recruited from self-help and NHS sources. No obvious differences emerged.

Exemplary quotations have been selected to illustrate the categories and themes. Within the text that follows, categories can be identified by quotation marks. The number of participants who reported meanings in each category in childhood, adolescence and the current time are identified in brackets. The results from the respondent validity study, inter-rater reliability study and the peer review are also presented. The tables that are presented in Appendix 7 (Tables 13 to 26) provide an overall summary of the themes and conceptual categories that were developed.

The results begin by outlining the data generated for the first research question.

### 3.1 THE MEANING OF THE ABUSE

Participants generated a number of meanings for the experience of CSA. They also reported difficulties in gaining a sense of meaning. These difficulties will be described first.

#### 3.1.1 PARTICIPANT DIFFICULTIES IN DERIVING MEANING

The difficulties experienced by participants in gaining a sense of meaning for their abuse have been grouped into four conceptual categories (see Table 3). These are described below.

##### (i) Lack of meaning

Participants in all the phases of childhood, adolescence and adulthood talked about feeling 'unable to derive any sense of meaning' from the experience of abuse (2 childhood, 2 adolescence, 3 adulthood).

*'it didn't make any sense of why he would come to me when he had a wife'*  
(Karen).

##### (ii) Avoidance

Three participants described actively 'avoiding thoughts' about the abuse both in the past and at the current time (2 childhood, 3 adolescence, 3 adulthood).

*'I did everything I could to not think about it. I couldn't face it'* (Chris) .

They also talked about how actively avoiding thinking about the abuse made it difficult to develop a sense of meaning.



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**(iii) Blocking and numbing the abuse**

Almost all participants talked about 'blocking and numbing' the experience of abuse throughout childhood and adolescence (15 childhood, 13 adolescence).

*'I wasn't really aware that it was happening. It wasn't real, it was like a bad dream' (Annabel).*

This was a less significant experience (n=5) for participants in adulthood.

**(iv) Search to find meaning**

Some participants described 'searching to find a meaning' for their experience (2 childhood, 3 adolescence) in childhood and adolescence.

*'I used to ask why me? Why did I have to be born into this family? Why did I have to be abused?' (Debbie).*

One participant talked about how the search helped her to deal with and manage the abuse.

*'I had to find the means within myself to make sense, justify and work out a strategy to deal with it. Searching has been part of my survival, all my life' (Jen).*

In contrast, another participant reflected that this search was only possible when she had developed an awareness that the abuse had happened.

*'I only started to think about why it happened when I eventually recognised that it did happen, that it was real' (Kate).*

Participants more often talked about searching to find meaning for the experience of CSA when they reached adulthood (n=9). Some said that the search had enabled them to ‘deal with the abuse more effectively’ (n=2).

Table 3. The categories generated for reported difficulties in deriving meaning

Categories	Total no. of participant responses N = 16		
	Childhood	Adolescence	Current
Lack of meaning	2	2	3
Avoidance (cognitive)	2	3	3
Blocking and numbing of the experience	15	13	5
Search to find meaning			
(i) Search	2	3	9
(ii) Search helped to deal with the abuse	1	0	2
(iii) Started to search when recognised that the abuse happened	0	1	2

The conceptual categories and themes which emerged to describe participants’ meanings for the experience of CSA are described below.

3.1.2 THE MEANING OF THE ABUSE

Participants’ responses for the meaning of the abuse have been grouped into five themes. The results are also summarised in Tables 4-8.

Themes

(i) Blame and punishment (see Table 4)

In childhood and adolescence many participants recalled ‘blaming themselves’ for the abuse (12 childhood, 10 adolescence).

*‘I thought I was to blame. I’d done it, I was responsible for it’ (Sally).*

Others described that they had felt ‘bad’ or wrong (10 childhood, 7 adolescence).

*‘I remember when I was seven I thought that it happened because I was so bad’ (Mandy).*

The abuse was also described as a punishment (3 childhood, 3 adolescence).

*‘I thought it was what I deserved, that I needed to be punished’ (Sara).*

In contrast to the sense of meaning formed in childhood and adolescence, when describing current meanings of CSA only two participants reported feeling self-blame. Most participants (n = 10) currently blamed the perpetrator for the abuse.

*‘I’m not going to carry on blaming myself, I’ve done that for long enough. It’s his fault, not mine’ (Jane).*

The perpetrator was also described as ‘bad’ or wrong by five participants.

*‘I realised that he was the bad bastard, he was wrong and evil for what he did to me’ (Julia).*

Unlike the meanings reported from childhood and adolescence, participants did not currently describe themselves as being ‘bad’ or wrong and the abuse was not considered to be a punishment.

Table 4. The categories included in the theme ‘Blame and punishment’

Themes	Conceptual categories	Total no. of participant responses N = 16		
		Childhood	Adolescence	Current
Blame and punishment	Self-blame	12	10	2
	Perpetrator-blame	0	1	10
	Self as ‘bad’ or wrong	10	7	0
	Perpetrator as ‘bad’ or wrong	0	0	5
	The abuse as punishment (to the self)	3	3	0

(ii) Normality versus abnormality (see Table 5)

Some participants reported that their experience of abuse made them feel abnormal or ‘different’ from others during childhood and adolescence (5 childhood, 4 adolescence).



*'From the beginning I knew I must be different for him to do these things to me' (Mandy).*

No participants currently described feeling abnormal or 'different' as a result of the abuse.

Table 5. The categories included in the theme 'Normality versus abnormality'

Theme	Conceptual categories	Total no. of participant responses N = 16		
		Childhood	Adolescence	Current
Normality versus abnormality	The abuse as 'normal'	4	3	0
	The abuse as 'abnormal'	3	2	0
	The self as 'different' (from others)	5	4	0

**(iii) Power and powerlessness (see Table 6)**

A small number of participants described feeling powerless in childhood and adolescence (1 childhood, 2 adolescence).

*'I was powerless to stop it, there was nothing that I could do' (Maria).*

In contrast, three participants described feeling powerful in adolescence (0 childhood, 3 adolescence).

*'at 16 I told him that if he touched me again I will make your life hell. The roles were reversed for the first time and I had power over him. Now I've got him convicted' (Janet).*

Participants also reported a current sense of powerlessness (n = 2) and powerfulness (n = 4). Three participants also described the perpetrator as powerful.

*'He got a kick out of using his power over me' (Kate).*

Table 6. The categories included in the theme 'Powerfulness versus powerlessness'

Theme	Conceptual categories	Total no. of participant responses N = 16		
		Childhood	Adolescence	Current
Powerfulness versus powerlessness	Self as powerless	1	2	2
	Self as powerful	0	3	4
	The perpetrator as powerful	0	0	3

(iv) 'Sense of purpose and development' (Table 7)

The meaning of the abuse was connected with a sense of purpose in life for only one participant in childhood and adolescence (1 childhood, 1 adolescence).

*'I used to think that it was what little girls are on the planet for' (Sally).*

In contrast, eight participants talked about how the experience of abuse had helped them to form and create a sense of self in adulthood.

*'It's made me who I am. If I hadn't been abused I would have been a different person. I wouldn't be me without it' (Sarah).*

Others described how they now felt that the abuse had had a 'positive influence' on the self (n = 4).

*'I've learned so much from it. I wouldn't change the fact that it happened' (Martina).*

Table 7. The categories included in the theme 'Sense of purpose and development'

Theme	Conceptual categories	Total no. of participant responses N = 16		
		Childhood	Adolescence	Current
Sense of purpose and development	Purpose in life is to be abused	1	1	0
	Abuse 'created' self	0	0	8
	Abuse had a 'positive' influence on the self	0	0	4



**(v) Factors located in the perpetrator (Table 8)**

No participants formed meanings in this category during childhood or adolescence.

In contrast, current meanings given for the abuse included the fact that the ‘perpetrator experienced CSA’ (n = 2).

*‘It doesn’t excuse or explain it but it might have happened partly because it was done to him as a child; maybe he was abused too’ (Jane),*

or that the ‘perpetrator suffered from a disorder’ (n = 3).

*‘They were paedophiles, they’ve got a name. There’s something wrong with them, not me’ (Maria).*

Table 8. The categories included in the theme ‘Factors located in the perpetrator’

Theme	Conceptual categories	Total no. of participant responses N = 16		
		Childhood	Adolescence	Current
Factors located in the perpetrator	Perpetrator suffering from a ‘disorder’ (e.g. a genetic disorder)	0	0	3
	Perpetrator experienced CSA	0	0	2

**3.2. THE IMPACT OF THE MEANING OF THE ABUSE ON INTERPERSONAL RELATIONSHIPS**

The themes and conceptual categories which emerged to describe the impact of the meaning of CSA on interpersonal relationships are illustrated below. For a summary, see Table 9, below.

**(i) Connectedness**

Many participants reported a lack of connectedness with others in childhood and adolescence. Categories included ‘cut off and emotionally distanced from others’ (14 childhood, 13 adolescence) and ‘a lack of sexual interest’ (5 adolescence).

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Only five participants currently felt 'cut off and emotionally distanced from others'.

*'I still can't open up to people, like I'm in a world of my own' (Janet).*

More talked about experiencing a lack of sexual interest (n=8).

*'Because of what happened, I'm not interested in sex, as if it has killed off that part of me' (Karen).*

### ***(ii) Trust***

Eight participants in childhood, six participants in adolescence and seven participants in adulthood talked about feeling unable to trust others as a result of the abuse.

*'I couldn't trust anyone, that was the biggest effect' (Maria).*

### ***(iii) Rejection***

Whilst no participants reporting 'fearing rejection' in childhood as a result of the abuse, two participants described fearing rejection in adolescence and six did at the current time.

*'It made me very scared I would be rejected, seeing it everywhere I guess'*  
(Sara).

### ***(iv) Self worth***

Many participants currently described feeling 'worthless' in relation to others because of the abuse (n = 9).

*'I can't understand why my husband is still with me. I'm crap, I'm worth nothing' (Susan).*

In contrast, no participants reported feeling 'worthless' in childhood or adolescence.

(v) Social comparison

Participants described how they felt ‘different from others’ in childhood and adolescence (3 childhood, 5 adolescence).

*‘I thought that everyone could see that I was weird and different because of what had happened to me’ (Julia).*

They also described ‘feelings of inferiority’ (2 childhood, 3 adolescence). These were not pertinent issues for participants at the current time.

(vi) Exposure

Whilst some participants described their ‘attempts to be noticed’ in childhood and adolescence (3 childhood, 2 adolescence),

*‘I did things to be noticed, you name it’ (Chris),*

others talked about the ‘fear of being noticed’ (2 childhood, 2 adolescence).

*‘I worked hard to be inconspicuous, to be in the middle. I tried to look normal’ (Debbie).*

These were not pertinent issues for participants at the current time.

Table 9. The themes and categories generated for the impact of the meaning of the abuse on interpersonal relationships

Themes	Conceptual categories	Total no. of participant responses N = 16		
		Childhood	Adolescence	Current
Connectedness	Cut off, emotionally distanced from others	14	13	5
	Lack of sexual interest	N/A	5	8
Trust	Inability to trust others	8	6	7
Rejection	Fear of rejection	0	2	6
Self worth	Feelings of worthlessness	0	0	9
Social comparison	Feelings of inferiority	2	3	3
	Feeling different from others	3	5	0
Exposure	Attempts to be noticed	3	4	0
	Fear of being noticed	2	2	0



### 3.3 THE IMPACT OF INTERPERSONAL RELATIONSHIPS ON THE MEANING OF THE ABUSE

The themes and conceptual categories which emerged to describe the impact of interpersonal relationships on the meaning of CSA are sub-divided into two sections.

The first outlines the ways in which interpersonal relationships were reported to exacerbate or confirm the meaning of the abuse. The second outlines the ways in which interpersonal relationships served or serve to modify existing meanings.

#### 3.3.1 The ways in which interpersonal relationships exacerbate or confirm the meaning of the abuse

The following themes were generated (see Table 10):

##### ***(i) Acceptance and rejection***

When describing the ways in which interpersonal relationships impacted on and exacerbated abuse-related meanings in childhood and adolescence, a number of participants talked about 'feeling unloved' (10 childhood, 8 adolescence).

*'I was never given any affection or love. This made me blame myself even more for what was going on. If they'd loved me I might have thought I wasn't all bad' (Jenny).*

Others described 'feeling rejected' (9 childhood, 9 adolescence).

*'They just let me down, they were almost as bad as the abuse. In some ways they made how I felt about myself and the abuse worse' (Annabel).*

Participants also talked about how 'not being believed' (when they told others about the abuse) impacted on the meaning of the abuse in childhood and adolescence (3 childhood, 5 adolescence).

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*'I told my Mum and she didn't believe me. It made me feel even worse, as if I knew it was me, my fault' (Martina).*

When describing the ways in which current relationships exacerbated or confirmed meanings of CSA, five participants talked about how the abuse laid them open to 'current feelings of rejection'. Others described how a 'lack of affection and love' (n = 3) exacerbated existing meanings.

### ***(ii) Multiple experiences of abuse***

A number of participants also talked about how being 'abused by more than one perpetrator' had confirmed their sense of badness in childhood or adolescence (7 childhood, 4 adolescence).

*"it made me feel even more bad and dirty" (Sally).*

### ***(iii) Acknowledgement and recognition of the abuse***

It was interesting that whilst some participants talked about wanting to expose the abuse in childhood or adolescence, others were fearful of doing so. The two categories identified in this section included 'others not intervening to stop the abuse' (2 childhood, 1 adolescence).

*'the fact that no-one made it stop made me think that they must have thought that I was bad. If I hadn't been they would have done something' (Jane).*

and 'fear of others finding out about the abuse' (2 childhood, 3 adolescence).

*'I thought they must know, it was so obvious. They must all know I was bad, that I was disgusting. This just made worse how I felt inside' (Susan).*



(iv) *Formal investigations*

In the final theme, participants reported how the process of ‘formally investigating the abuse’ had exacerbated abuse-related meanings in childhood and adolescence (2 childhood, 1 adolescence).

*‘that the police came made me feel I’d done something wrong, the old feelings that it was my fault’ (Julie).*

**Past versus current relationships**

It was surprising that few of the themes generated from childhood and adolescence were now relevant when participants talked about current relationships. This suggests that past relationships exacerbated or confirmed participants’ abuse-related meanings to a greater extent than current relationships.

Table 10. The themes and categories generated for the ways in which interpersonal relationships exacerbate or confirm the meaning of the abuse

Themes	Conceptual categories	Total no. of participant responses N = 16		
		Childhood	Adolescence	Current
Acceptance and rejection	Lack of affection and love	10	8	3
	Feelings of rejection	9	9	5
	Not being believed	3	5	0
Multiple experiences of abuse	Being abused by more than one person	7	4	0
Acknowledgement and recognition of the abuse	Others not intervening to stop the abuse	2	1	0
	Fear of others finding out	2	3	0
Formal investigations	The involvement of the police and social services	2	1	0

**3.3.2 The ways in which interpersonal relationships modify the meaning of the abuse**

Three themes were generated (see Table 11). They are described below:

Some participants talked about how 'being loved and cared for' modified the meaning of the abuse in childhood and adolescence (5 childhood, 4 adolescence).

*'I had a neighbour that used to look after me. He made me feel I wasn't all bad, although I couldn't tell him about the abuse' (Karen).*

'Being loving to others' modified the meaning of the abuse for other participants in childhood and adolescence (2 childhood, 2 adolescence).

*'I'd share a room with my sister and comfort her when she had nightmares or when she was upset. It made me feel that I could help others, that I was loveable and not just bad' (Jenny).*

'Love and caring' was also important for participants in their current lives. Eight participants described how the 'love' received from current relationships with others had helped them to develop less negative or more positive meanings.

*'feeling loved by my husband has turned so much around, like I feel safer and not so bad inside' (Janet).*

Others talked about how being loving to others helped them to develop more positive meanings (n=8).

## **(ii) Acceptance**

Participants also talked about how 'feeling accepted' by others throughout childhood and adolescence helped them to change the meaning of the abuse (4 childhood, 3 adolescence).

*'It was as if they were part of my survival by making me feel accepted for who I was, that I was all right as a person' (Mandy).*

Currently feeling accepted also proved to be an important way of modifying the meanings that had been generated from the experience of CSA (n = 12).

*'being accepted for who I am, and what was done to me, has made me feel so much better about myself, as I don't have to feel like I'm crap and worthless any more'* (Julie).

**(iii) Sense of worth**

This final category included descriptions of relationships with others which made participants feel 'believed in' and 'better about' themselves (2 childhood, 1 adolescence).

*'Having her there made me feel better about myself and who I was'* (Chris).

Three participants also described how their current relationships with others enabled them to develop a 'greater sense of worth'.

*'It's as if my husband thinks I'm OK, that I'm all right. It makes me feel less bad about myself inside'* (Kate).

Table 11. The themes and categories generated for the ways in which interpersonal relationships modify the meaning of the abuse

Themes	Conceptual categories	Total no. of participant responses N = 16		
		Childhood	Adolescence	Current
Love, caring and acceptance	Being loved and cared for	5	4	8
	Being loving to others	2	2	8
Sense of worth and value	Others have a sense of worth for the individual	2	1	3
Acceptance	Feeling accepted all right as a person'	4	3	12

**3.4 COMMON ISSUES AND DIFFERENCES BETWEEN CHILDHOOD, ADOLESCENCE AND THE CURRENT TIME**

Figure 1 illustrates the categories which emerged in childhood, adolescence and the current time.

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### **3.4.1 Common issues**

There were many commonalities in participant accounts from childhood and adolescence. These were found in relation to the meaning of the abuse, the impact of relationships on the meaning of the abuse and the impact of the meaning of the abuse on relationships. For example, many participants in childhood and adolescence reported self-blame.

### **3.4.2 Differences**

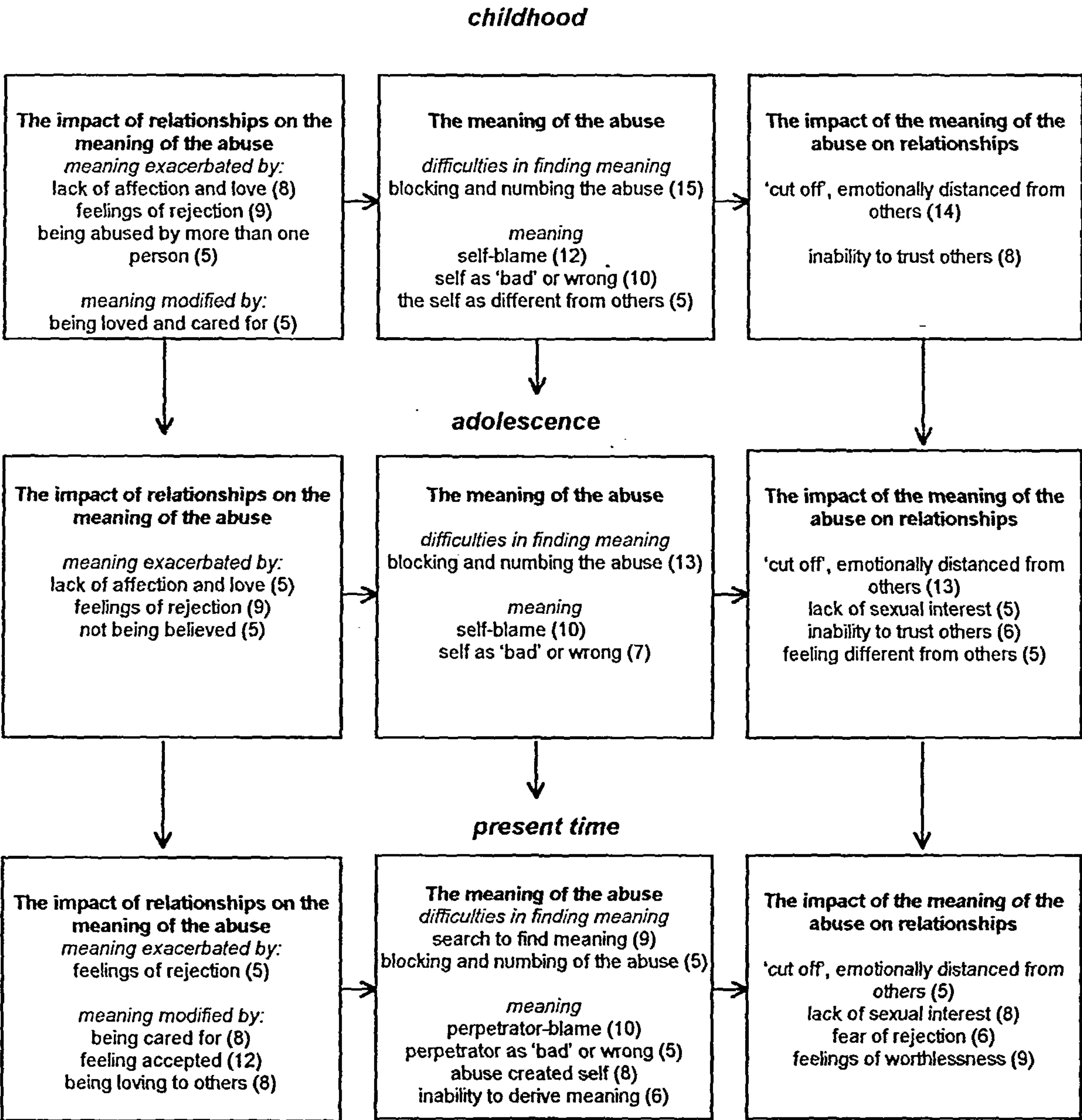
There were clear differences between responses which related to the past (childhood and adolescence) when compared to the present. For example, more participants describing childhood and adolescent meanings reported 'self-blame' and described the 'self as bad or wrong'. Current meanings were more likely to be characterised by 'perpetrator-blame'. Also, more participants reported 'blocking and numbing' the abuse in childhood and adolescence when compared to the current time.

Further differences emerged when participants talked about the impact of the meaning of the abuse on interpersonal relationships. More participants described feeling 'cut off and emotionally distanced from others' in childhood and adolescence. In contrast, feelings of worthlessness and a lack of sexual interest were reported by a greater number of participants in the present.

The results also indicate that the meaning of the abuse was more likely to be exacerbated or confirmed by interpersonal relationships in childhood and adolescence when compared to the current time. Also, a greater number of participants described the meaning of the abuse being modified by interpersonal relationships in the current time in comparison to the past. This is illustrated in Figure 1 (below).



Figure 1. The categories generated for the participants responses in childhood, adolescence and the current time<sup>1</sup>



<sup>1</sup> Categories were included in the diagram if five or more responses were elicited.



### 3.5 EXPLANATIONS FOR THE CHANGE IN THE MEANING GIVEN TO THE ABUSE

The data generated for this research question were analysed using an axial coding paradigm (Strauss and Corbin, 1990). This comprises of a set of procedures which enable connections to be made between categories and sub-categories. The explanations were divided into three sections. The first section, 'having children', is described below.

#### 3.5.1 Having children

##### *(i) Causal conditions*

Participants identified 'pregnancy' (n=1), 'childbirth' (n=1), 'raising a child' (n=6) and 'the child becoming the same age as the participant when the participant was first abused' (n=4) as explanations for a change in the meaning they formed for the abuse. In total, 12 participants identified these conditions as an explanation for a change in meaning.

##### *(ii) Sub-categories*

Four sub-categories were derived from the causal conditions identified above.

These included an 'awareness of the child's body' (n=2),

*'It's even hard now to look at my child's body. It reminds me of how I was'*

(Chris)

an awareness of a 'child's need to be looked after and protected' (n=3),

*'When I had Joanne (child's name) I thought, you've got a person to look after'* (Mandy)

an 'awareness of the child's sexuality' (n=3),

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*'It was especially difficult when she started to develop boobs' (Karen),*

and an 'awareness of the child's vulnerability to potential abuse' (n=4).

*'I really went downhill when my daughter was seven - the age I was when I was first abused. It was as if she was available to be raped' (Sarah).*

### ***(iii) Phenomena***

The five phenomena that were generated in the analysis are derived from the causal conditions and sub-categories identified above. The phenomena have been listed below.

Eight participants described 'developing an awareness of their own experience of abuse'.

*'When I had Sam (child's name) all I could see was what happened to me' (Martina).*

Participants also talked about 'feeling vulnerable' (n=4).

*'the flashbacks (during the birth) forced me to deal with it. It brought up those terrible feelings of being so vulnerable' (Sally).*

An inability to 'block' or 'forget' their experience of abuse was reported by four participants.

*'I blocked it out until I had my own child, then it was all there, I couldn't escape from it' (Debbie).*

Two participants reported a 'heightened awareness of their lack of protection in childhood'.

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*'I was much more aware of the abuse because I realised the protection that children had that I didn't have' (Chris).*

Finally, two participants reported feeling 'low in mood'.

*'I got really depressed when I had Jane (child's name)' (Debbie).*

#### **(iv) Action**

This refers to the strategies used by individuals to manage or respond to the phenomenon that was experienced. Many participants described needing to 'deal with the abuse' (n=9).

*'Having Sophie (child's name) stirred up the feelings about the abuse that I wanted to forget but I had to deal with because of her. I didn't want my yukky stuff to taint her' (Kate).*

'Disclosing to others' was also identified as a way of managing the phenomena experienced (n=4).

*'It led me to tell my husband. I couldn't hold it in anymore' (Janet).*

Finally, six participants sought professional help, such as 'visiting their GP' or 'starting therapy'.

*'I got very depressed. It really came to a head and it all came out when I went to the doctor. I then got counselling as an emergency' (Susan).*

#### **(v) Consequences**

Participants identified three consequences or outcomes from the action taken. This included 'seeing the abuse in a different way' (n=6)

*'It was the beginning of seeing it differently, of changing' (Janet)*

'accepting the abuse' (n=5),

*'Now I'm resigned to the fact that it happened. I'm not held back by it anymore. I've accepted it and do not question it'* (Chris)

'reducing or ceasing self-blame' (n=6),

*'I came to realise that it wasn't me, it wasn't my fault'* (Mandy)

and 'perpetrator-blame' (n=6).

*'I knew that it was him, his fault, not mine'* (Sarah).

### 3.5.2 Disclosure

Eleven participants identified 'disclosure' as an explanation for changes in meaning over time. This category, which has already been identified above (see 3.5.1), is explored in greater detail.

#### *(i) Causal conditions*

These included 'having children' (n=4), 'being in a relationship with a partner' (n=3) and either 'being in therapy' or 'being in a self-help group' (n=2).

#### *(ii) Phenomenon*

A range of categories were identified. These included 'being able to trust a partner' (n= 3), 'trusting a therapist' (n=2) or 'trusting group members' (n=2).

*'Because I had begun to trust her, I could tell her what had happened'.*

Two participants talked about 'striving to develop greater closeness' in their relationship with a partner.

*'I wanted him to know who I was, to be closer to me with less secrets'* (Annabel).

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Some participants described 'feeling distressed about the abuse' (n=3).

*'I felt so awful that I had to do something. I think that was why I told someone' (Janet).*

### **(iii) Action**

Many participants talked about 'disclosing the abuse to their partner' in adulthood (n=7). 'Disclosure to a therapist' (n=2) and 'disclosure to group members' (either self-help or therapy group) was also reported (n=2).

### **(iv) Consequences**

Participants identified a number of consequences from the action they had taken.

Four participants felt 'loved and supported'.

*'My husband helped me to get to where I am. After I told him I got love and support that I never expected' (Sally).*

Others described 'feeling accepted'.

*'They accepted me and what had happened. That really mattered' (Mandy).*

Some participants 'developed a closer relationship with others' after disclosure (n=2).

*'It's as if less is between us - there's no secrets now' (Annabel).*

Many others reported 'being believed' (n=8).

*'if I hadn't of been believed I don't know what I would have done. But, the fact that they did was so important' (Sara).*

A small number of participants also felt that disclosing to others helped them 'move forward in life' (n=2).



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*'when my husband said he believed me it was like 30 years of crap being lifted. I can begin to move on' (Sally).*

A 'reduction or cessation in self-blame' was also experienced by four participants.

*'His reaction proved to me that it wasn't my fault' (Chris).*

Five participants reported a 'greater ability to trust others'.

*'because I've let my husband in I can eventually start to trust others and think about what happened differently' (Sarah).*

Finally, participants described 'blaming the perpetrator' for the abuse (n=4).

*'Being in therapy helped me to know that that he was to blame' (Mandy).*

### **3.5.3 Relationships**

Ten participants described how relationships with others contributed to a change in meaning. These have been separated into three themes which include relationships with partners, relationships with professionals and relationships with others that have experienced CSA. Unfortunately, sufficient data was not available to conduct an axial analysis, although some of the categories that can be found in this section have already been identified in sections 3.5.1 and 3.5.2.

#### ***(i) Relationships with partners***

Eight participants identified their relationship with a partner as an explanation for a change in meaning. When asked to describe what had contributed to this change, participants identified the following aspects of the relationship: 'trusting the partner' (n=4), 'feeling understood' (n=4), 'not feeling judged' (n=3), 'feeling loved and

supported' (n=3), 'feeling accepted' (n=2), and 'developing the ability to express needs' (n=1).

*'At last I was feeling that I could make demands, I could begin to express my needs. It was a big shift' (Jenny).*

### **(ii) Relationships with professionals**

Participants also described how relationships with professionals contributed to a change in meaning (n=6). Professionals included therapist, counsellors, GPs, psychologists and self-help group facilitators. Explanations for this change included 'being listened to' (n=4), 'feeling understood' (n=4), 'receiving guidance' (n=1) and 'connecting with their own feelings within the therapeutic relationship' (n=2).

*'it took me a long time to get in touch with my feelings about what happened. I was numbed out. My therapist helped me to do this' (Karen).*

### **(iii) Relationships with others that have experienced CSA**

Seven participants described how developing relationships with other women that had experienced CSA helped them to change meanings about the abuse. Explanations for the change included 'being understood' (n=4), 'listening to others' (n=3), 'being listened to' (n=2) and 'not feeling different' (n=3).

*'Feeling that others are the same as me. I am not weird, different' (Julie).*

## **3.6 THE ROLE OF SERVICES**

Participants were asked to think about what qualities had proved to be helpful or unhelpful in assisting them to manage the meanings that were generated from the abuse. These are presented below. For a table of results, see Appendix 7 (Tables 21 and 22). Categories that outline participants' views on how services might be

improved to help them to manage these meanings are also presented (Appendix 7; Tables 23 to 25).

### 3.6.1 Helpful characteristics

Participants identified a number of helpful qualities in professionals. These included 'listening to the participant' (n=6), 'understanding the participant' (n=6), 'liking the participant' (n=4), 'accepting the participant' (n=6), 'valuing the participant' (n=1) and 'not being judgmental' (n=6).

Participants also talked about the helpfulness of 'acknowledging the abuse' (n=6) and the associated emotional pain (n=2), whilst 'being supported' (n=7) and 'being reassured' (n=2). Allowing the 'participant to be in control' was also identified as helpful. Categories found within this theme included 'does not interfere with the personal space of the participant' (n=2), 'does not push the participant', 'allows the participant to determine the pace' (n=2), 'allows the participant to talk about the abuse when ready' (n=2) and 'does not have a time-table or rigid agenda' (n=2).

*'It would help if someone let me stay in control and didn't impose their timetable onto things. I'd find that very difficult' (Jane).*

In contrast, some participants also talked about the helpfulness of receiving guidance (n=5).

*'Being helped by being told what is happening and why it can make me feel safer, and make things less overwhelming' (Mandy).*

### 3.6.2 Unhelpful characteristics

There were surprisingly few unhelpful characteristics identified by participants. The responses that were generated included 'someone that does not listen' (n=5),

'someone that does not acknowledge the abuse' (n=4), 'someone that judges the participant' (n=3) and 'someone that does not accept the participant' (n=3).

*'the worst thing is someone that does not accept me for who I am and what has happened to me'* (Susan).

Two participants described *'being pushed to talk about things'* as very unhelpful (Debbie).

### **3.6.3 Desired changes to services and the role of services**

#### ***(i) Services for children***

When asked about the role of services for children that experienced CSA, one participant commented that the child has to be ready to access help.

*'Nothing would have helped, children need to be ready to get help - I needed to be ready but I wasn't then'* (Sarah).

Two participants reflected that the emotional 'numbing' experienced would make it difficult for children to engage with services.

*'Services would have been unable to help because I wasn't really aware the abuse was happening. It wasn't real'* (Karen).

Some participants talked about how the potential breach of confidentiality that might occur in the event of a disclosure to a professional could make it more difficult to trust professionals (n=2).

*'It's as if you had to be careful what you say in case they'd take you away from home. There's no-one there just to hear what you have to say'* (Jane).

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Many participants suggested developing existing services. This included 'providing information' about CSA in schools and public places (n=1), 'educating teachers and mental health professionals' about CSA (n=1) and 'providing drop-in centres' for children within the local community (n=6). This might increase the chances of help being available.

*'Someone to tell who would believe you and knowing that someone was there who would have sat and listened to what I had to say. Someone that believed me' (Sally).*

### **(ii) Services for adolescents**

Many of the views expressed on how services might be improved to help children were also reported in relation to adolescence. A number of participants felt that drop-in services would provide individuals with 'someone to talk to' (n=7). Two participants suggested that services specifically created for teenagers may be easier to access. Concerns were also expressed by one participant about whether services could be helpful.

*'I don't think anything could have helped me. I was too young to deal with anything about the abuse as a teenager. It's worth having services in place but I don't know if they can be helpful' (Susan).*

### **(iii) Services for adults**

When asked about services for adults, many participants suggested creating confidential drop-in services for women who have experienced CSA (n=9). One participant suggested that these services should be held in non-mental health or social services settings to help maintain anonymity.



Others suggested expanding the number of groups run by 'survivors' for 'survivors' (n=5). Two participants wished that more therapy groups were available to those who had experienced CSA (n=3).

A small number of participants thought that partners and families should be offered mental health services (n=2).

*'It would be really helpful if something was there for him, or for us, to help us with what the abuse has done to me. It's affected so much of our relationship and it might help to work on it together' (Mandy).*

Two participants also identified the need for services to support mothers that have experienced CSA, when raising their children.

*'It would help to have somewhere to go to talk about my fears about things, like should her father be bathing her, or am I too protective - things I can't tell anyone else. Going somewhere to talk about it would really help' (Maria).*

### 3.7 THE MEANING OF THE INTERVIEW

This section illustrates the categories generated to the responses given by participants to questions about whether the interview was experienced as a helpful or unhelpful process. The categories are presented in Table 26 (Appendix 7).

All participants described the interview as a helpful process. Some participants described the interview as helpful in enabling them to 'make sense' of the abuse (n=5), and to 'develop a more coherent understanding of the past and present' (n=2).

*'This has really helped me to see my whole life together and how I've managed it from being a kid to now' (Kate).*

A number of participants found it valuable to talk openly to a mental health professional who was interested in their experiences (n=4). This was described as 'empowering' by one participant. Some felt that this helped them to 'find a voice' (n=2) whilst others felt that it might serve to 'help other women' (n=3).

*'It feels as if I can speak about things that were hidden away for so long, especially to you. It's as if I've got a voice. I just hope that this research can help other women too by making professionals understand' (Chris).*

### 3.8 AN EXAMPLE OF AN INDIVIDUAL PARTICIPANT ACCOUNT

An individual participant has been selected to further illustrate the analysis. This participant was selected because they illustrate a 'typical' account; unfortunately it was not possible to present an 'atypical' participant account in the space provided.

'Susan' was recruited from a self-help organisation. She was married and had two children. She had made previous contact with counselling services. Susan recalled finding it difficult to find a sense of meaning for her experience of sexual abuse when she was a child and an adolescent. During these years she felt 'numbed' from these experiences. She also described feeling that the abuse happened because she was 'bad' in some way. These meanings impacted on her interpersonal relationships. She felt 'distant' and 'cut off' from others. She also talked about how feeling rejected by her family and peers in childhood and adolescence served to exacerbate her feelings of 'badness'. When Susan was in her early 20's she had her first child. She felt very 'low' during this time and began to think about her own experiences of abuse. This led Susan to her GP and she was referred to counselling services. She now describes blaming the perpetrator for the abuse and she no longer feels that the abuse happened because she was 'bad' in some way. However, she still felt that her

experience of abuse impacted negatively on her relationship with her husband. She described feeling ‘bad about myself’ and ‘not good enough’.

3.9 THE RESULTS OF THE INTER-RATER RELIABILITY STUDY

An independent rater allocated sections of text into the categories which had been generated for three research questions (the meaning of the abuse, the impact of interpersonal relationships on the meaning of the abuse and the impact of the meaning of the abuse on interpersonal relationships). Four interviews were selected for the purposes of rating (two from self-help sources and two from NHS sources). A percentage agreement was established between the author and the independent rater for each research question. The results demonstrate high inter-rater reliability (Table 12).

Table 12. Results of inter-rater reliability for the categories generated

Research question	Percentage agreement	
	Self-help	NHS
The meaning of the abuse	94%	94%
The impact of interpersonal relationships on the meaning of the abuse	90%	90%
The impact of the meaning of the abuse on interpersonal relationships	88%	90%

3.10 THE RESULTS FROM THE RESPONDENT VALIDITY STUDY

Four participants (two from self-help sources and two from NHS sources) were re-interviewed and asked to give feedback on the accuracy of the categories and themes generated in the research. They were also asked whether the emerging theory reflected their experiences. Overall, the participants reported that the categories accurately reflected their experience. The findings are summarised in Appendix 10.

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### **3.11 RESULTS OF THE PEER REVIEW STUDY**

An outline of the research and the analysis was presented to five professional colleagues who asked the researcher a series of questions about data interpretation and analysis. All five colleagues commented that the analysis accurately reflected the data that had been gathered. No obvious sources of researcher bias were uncovered.



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## **4. DISCUSSION**

### **4.1 Overview**

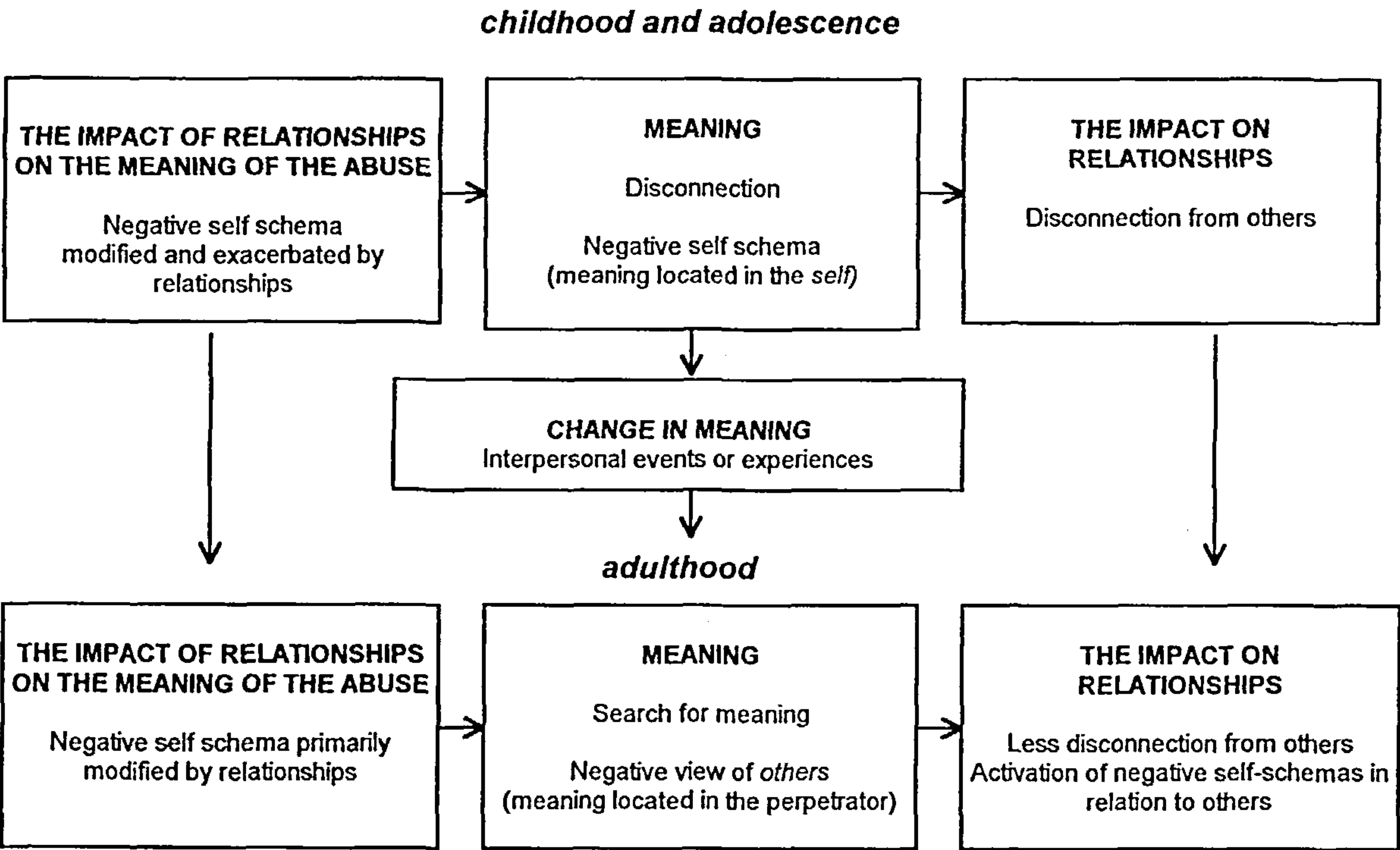
The discussion first proposes an emerging theoretical framework which is grounded in the analysis of participant responses. Existing literature is examined and contrasted with the results gathered. The study's findings are evaluated by addressing design and methodological issues. Finally, recommendations for future research are made and the implications for clinical practice and service delivery considered.

### **4.2 An overview of the theoretical framework**

A developmental theoretical framework is presented which aims to integrate the responses given by the participants to the research questions. An overview of this account is presented in Figure 2.

The discussion begins by providing a theoretical account of the difficulties participants described in forming a sense of meaning for their experiences of CSA (section 4.3). Most of the participants interviewed described a disconnection from these experiences in childhood and adolescence. For many this was experienced as a 'blocking' or 'numbing' of the abuse. Others talked about actively 'avoiding thoughts' about the abuse. Possible reasons for this 'disconnection', and subsequent difficulties in gaining a sense of meaning for their experiences, are explored. In adulthood some participants still described 'blocking' or 'numbing' themselves from the abuse. However, a much greater number described a search to find meaning for their experiences. Participants gave a variety of explanations for the shift from disconnection to a search for meaning. These are explored in later sections (4.5 and 4.6).

Figure 2. A diagrammatic representation of the theoretical framework



The discussion moves on to provide a theoretical account of the different meanings given by participants for their experiences of CSA over time (section 4.4). The meanings that were formed about the abuse in childhood and adolescence tended to be incorporated into a negative self-schema. These included ‘self-blame’, the ‘self as bad or wrong’ or the ‘self as different’. Again, the possible reasons for the development of such meanings are explored. In contrast, many participants reported a change in their explanations for their abuse in adulthood. Participants were far more likely to report meanings associated with perpetrator-blame rather than self-blame. They were also able to generate ‘positive’ meanings for their experiences. Again, the explanations for this shift in meaning are explored in following sections (4.5 and 4.6).

The third section of the discussion generates a theoretical account of the responses given by participants when they were asked to describe the impact of the meaning

given to the abuse on their interpersonal relationships (section 4.5). In childhood and adolescence, most participants described feeling disconnected from others. It is hypothesised that this is a consequence of the 'numbing' or dissociation strategies that participants used to defend themselves against the potentially distressing effects of the abuse. As part of this defence it appeared to be important 'not to trust others' or let others get too close. In adulthood, many participants described changes in the way the abuse impacted on their relationships. Significant interpersonal life events, such as having children or forming a close relationship with a therapist or partner, led participants to generate different understandings for their experience of abuse. Relationships with others also appeared to modify abuse-related meanings. However, these 'new' understandings given to the abuse and the increased intimacy experienced with others also brought forth feelings of worthlessness and fears of rejection.

The fourth section of the discussion provides a theoretical account of the factors which brought about the changes in meaning given to participants' experiences of abuse from childhood to adolescence to adulthood (section 4.6). Participant explanations for such changes, and in particular the impact of interpersonal life events, are explored.

### **4.3 Difficulties in deriving a sense of meaning: disconnection versus the search for meaning**

This section provides a tentative theoretical account of the change reported by participants from a disconnection from their experiences of CSA in childhood and adolescence to a search for a new meaning in adulthood. In childhood and adolescence most participants found it difficult to derive a sense of meaning for their

experience; many reported a sense of disconnection and 'numbing' of the abuse. Others talked about actively 'avoiding thoughts' about the abuse.

There are several tentative hypotheses which may explain why participants reported a sense of disconnection from the abuse. It is hypothesised that these experiences describe a form of dissociation. This is a mechanism which enables individuals to detach themselves from the painful or traumatic nature of reality by splitting aspects of the self from consciousness (Mollon, 1996). It may have enabled participants to manage the potentially distressing meanings that would otherwise have been generated. However, it also reveals a lack of coherence or fragmentation of the self.

An additional hypothesis is that when confronted with traumatic experiences the normal process of 'secondary subjectivity', in which a child shares experiences of the world with caregivers, is inhibited (Holmes, 1997). According to this theory, the caregiver is unable to fulfil the healthy mediating function whereby they create shared meanings with the child. Instead, the abuser has to remove from consciousness the understanding that the child can experience feelings such as fear and pain. This results in the child growing up in a world where feelings and meanings are blocked off and discounted. This may explain why many participants recalled feeling disconnected not only from their experiences of abuse but also from their relationships with others.

It was more common for participants to report actively searching to find meaning or forming new meanings for their experiences of CSA in adulthood. This suggests that some participants may be grappling with the potentially distressing emotional impacts of the abuse that were less accessible when in a 'numbed' state or when thoughts



about the abuse were actively avoided. Some participants described feeling 'distressed' when they gained a greater awareness of the abuse (see section 4.6); this provides some support for this hypothesis.

For many participants the search to find meaning was triggered by interpersonal factors which forced or enabled participants to connect with the reality of the abuse (e.g. by having children). This process is described in more detail in section 4.6. It is possible that the search to find meaning may reflect an attempt to gain mastery over the feelings that accompanied an increased awareness of the abuse. Two participants described this search as a way of 'coping' with their experiences which provides some support for this hypothesis. The need to 'search' may also suggest an attempt to create a sense of order by trying to place the abuse in a meaningful context (Gardner, 1993).

Participants also appeared to have a greater awareness of the reality of the abuse in adulthood; less reported 'numbing' and 'blocking' the abuse in the present when compared to the past. This indicates that dissociation may not constitute a permanent feature of personality organisation. However, this change did not reflect the experiences of all participants. A small number of those interviewed reported that they still avoided thoughts about the meaning of the abuse in adulthood whilst others continued to 'block' and 'numb' themselves from these experiences. Clearly, some participants continued to describe a process of fragmentation or 'splitting' within the self.

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#### **4.4 The creation of meaning: the change from meanings located in negative self-schemas to meanings located in the perpetrator**

Despite the fact that most participants reported a sense of disconnection from their abuse in childhood and adolescence, all participants were also able to form some meanings for their experience. This suggests that participants were unable to completely avoid the reality of the abuse.

It is hypothesised that most of the meanings reported by participants in childhood and adolescence were incorporated into a negative self schema. These included 'self-blame', 'the self as bad or wrong' and 'the self as different'. In adulthood, most participants blamed the 'other' or perpetrator rather than the 'self' or themselves for the abuse. Some described the perpetrator as 'bad' or 'wrong' whilst others stated that it was because the 'perpetrator experienced CSA' or that the 'perpetrator suffered from a disorder'.

The finding that participants blamed themselves for the abuse in childhood and adolescence is congruent with the literature which suggests that a proportion of children blame themselves for being sexually abused (McMillen and Zuravin, 1997). There may be a number of reasons for this. First, by blaming the self and believing the self is 'bad', the child is able to preserve attachments to significant others. According to attachment literature, when children feel insecure and lack confidence in the caregiver, they are likely to respond with fear and anxiety (Feeney and Noller, 1996). Therefore, attributing the meaning of the abuse to the self may serve to protect the child from these feelings if it is not possible to completely disconnect the self from the reality of the abuse or relationships with their primary caregivers. It

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would serve as a defensive reaction to avoid experiencing the feelings of abandonment, fear and vulnerability which would be associated with 'other-blame'.

It is also hypothesised that locating the meaning of the abuse within the self in childhood and adolescence (e.g. self-blame) provides a way of managing feelings of powerlessness and helplessness. It was surprising that few participants constructed meanings of the abuse which recognised the helplessness inherent within the abuse situation, or the recognition of the power of the abuser over the participant. This finding contrasts with the body of literature which characterises these meanings as central to the experience of CSA (e.g. Liem, O'Toole and James, 1996).

Acknowledging the experience of helplessness may have confronted participants with feelings of being out of control and having physical and psychological boundaries violated. Instead, by constructing self-directed meanings of the abuse, participants were able to defend themselves against these feelings. Adopting this 'defence' may have enabled participants to survive and cope by preserving a sense of order, predictability and meaning in their lives (Tedeschi and Calhoun, 1995).

Finally, it is also possible to hypothesise that participants located meanings of the abuse within the self because they had difficulty perceiving others as having feelings, intentions and desires. The capacity to reflect on the mental states of the self and others is usually developed in the first few years of life and requires the caregiver to reflect accurately on the mental states of the child. It enables the individual to see people's actions as meaningful and enables individuals to separate the perceptions of the abusive caregiver from perceptions of the self. This has been described as the development of a 'theory of mind', or reflective capacity (Fonagy, Leigh, Steele, Steele, Kennedy, Matton, Target and Gerber, 1996).

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Participants may report difficulties in reflective capacity for a number of possible reasons. The child, when faced with abusive interactions with a caregiver, may avoid thinking about their caregiver's wish to harm them (Fonagy et al, 1996). This serves to protect the child from feelings of abandonment and helplessness. Poor reflective capacity may also result from inconsistencies in caretaking in early life whereby caretakers fail to consistently reflect on their own mental state, or that of the child (West, 1997).

In adulthood many of the participants talked about a clear shift from self-blame to perpetrator blame. For many participants this shift came about as a result of significant interpersonal life events such as having children or forming a close relationship with a partner or therapist. Clearly, these experiences made it more difficult for participants to remain disconnected from the reality of the abuse. By re-awakening the abuse experience, it is hypothesised that participants developed a greater awareness of the perpetrator. This generated 'new' meanings for the abuse, such as 'perpetrator-blame'. This tentative theoretical explanation is outlined in more detail in section 4.6.

In adulthood, some participants also described how their experience of CSA had a 'positive' influence in that it created or moulded their sense of who they were. This is an interesting finding. It acknowledges the role of the traumatic experiences in shaping and forming the personality and the life narrative of the individual (Thomas and Janigian, 1988). It also suggests that a sense of self-reliance and strength can be gained through the process of coping with trauma. A greater sense of order and purpose may have been gained from these meanings. It indicates that



participants generate 'positive' meanings connected to the self in adulthood, in addition to 'negative' meanings connected to the perpetrator.

#### **4.5 The impact of the meaning of CSA on relationships and the impact of relationships on the meaning given to participants' experiences of CSA**

In childhood and adolescence the experience of CSA impacted on the interpersonal world of participants in a number of ways. Participants described feeling 'cut off' and disconnected from relationships, inferior and 'different from others', and 'unable to trust others'. These descriptions are perhaps unsurprising given many of the results already outlined in this discussion. If a child or adolescent copes with their experience of abuse by blocking off or numbing their experiences (as an attempt to defend against the feelings associated with it or to maintain a positive view of their caretakers), it would be unsurprising if they avoided or 'did not trust' relationships which had the potential to challenge this defence. Also, if a child incorporates the meaning of the abuse into a negative self-schema to protect herself from the reality or pain associated with perpetrator-blame, it is unsurprising if this results in feelings of being 'inferior' or 'different from others'. The traumatic and interpersonal nature of the abuse may have further restricted the capacity of participants to trust others.

Certain interpersonal life events in adulthood (such as becoming a mother or forming a close relationship with a partner or therapist) appeared to change the ways in which participants' meanings of CSA impacted on their interpersonal relationships. It was interesting to find that when participants were asked to describe the impact of interpersonal relationships on the meaning of the abuse, in adulthood more participants talked about aspects of relationships that appeared to have a positive influence (aspects of relationships that modified abuse-related meanings) than

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aspects of relationships that had a negative influence (aspects of relationships that exacerbated or confirmed abuse-related meanings). The reverse was true for participants in childhood and adolescence. This suggests that these 'positive' aspects of relationships had a 'corrective' function for participants in adulthood. They may have enabled participants to challenge or modify the underlying negative self-schemas about the self. For example, by feeling accepted by others, participants were able to feel less 'bad' in relation to the self. It is hypothesised that this schematic change resulted in both the search for, and the creation of, new meanings (e.g. perpetrator-blame rather than self-blame).

However, this process also appeared to have a negative effect on the interpersonal world of participants in adulthood; many participants described feeling worthless and feared rejection from others. It is possible that by disconnecting less from others, participants may have re-activated their underlying negative self-schemas (e.g. the self as bad) in a relational context. This may have made them feel more vulnerable (e.g. fear of rejection) and experience feelings of worthlessness in relation to others. An increased awareness of the perpetrator in adulthood (e.g. perpetrator-blame) may have further exposed participants to negative feelings about the self in relation to others.

Clearly, substantial changes in the understanding of CSA and the impact of relationships with others were reported from childhood and adolescence to the current time. Participants were asked to generate explanations for these changes. These are further explored below.

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## 4.6 A model of change

### Childhood to adolescence

As explored in the 'results' section, few differences emerged when participants described understandings of the abuse derived from childhood when compared to understandings derived from adolescence. For example, many participants reported 'self-blame', 'blocking and numbing of the experience' and being 'cut off and emotionally distanced from others' in both childhood and adolescence. This is an interesting result because it indicates that reported meanings about the self and others remained almost unchanged throughout childhood and adolescence, despite the onset of cognitive and psychosocial developmental changes in adolescence. This suggests that the schemas about the self and others that are constructed in childhood remained relatively stable over time, despite participant reports that interpersonal relationships both exacerbated and modified the meanings that were generated. The results also illustrate that participants continued to use dissociative defences, despite being able to cognitively process the experience more effectively in adolescence.

It is possible to speculate that these meanings remained unchanged because relationships with others in childhood and adolescence either confirmed these meanings, or failed to disconfirm them. Partial support for this argument was found. For example, participants described how feeling rejected, unloved and not believed, confirmed and exacerbated these meanings in childhood and adolescence.

However, some differences were found. Three participants described attempting to gain power over the abuser in adolescence; this was not reported in childhood.

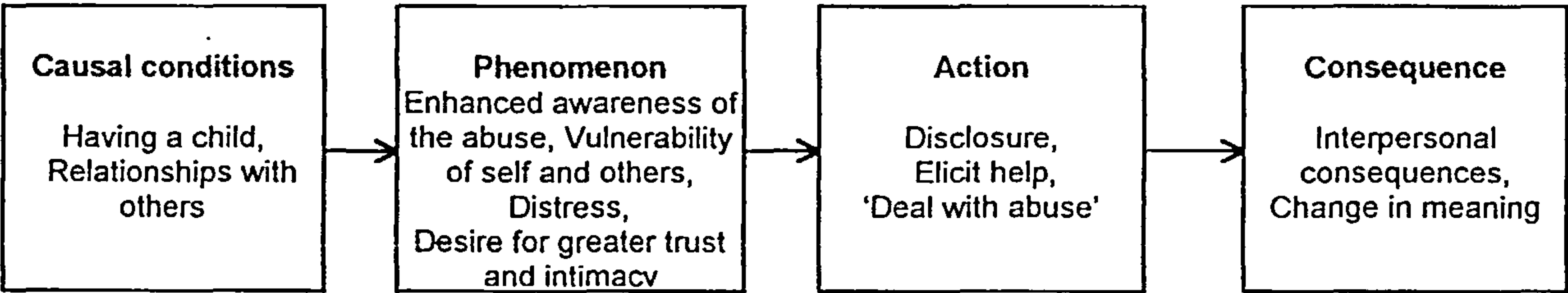
There were a number of possible explanations for this. The drive to gain a sense of

power in adolescence may become a way of compensating for the deprivation of power in childhood (Liem, O'Toole and James, 1996). Concerns with the issue of power may emerge during adolescence when participants become more independent from family members and hence have a greater sense of power in their lives. This may facilitate a greater sense of powerfulness in relation to the abuser.

Childhood and adolescence to adulthood

A model of change in meaning is presented using an axial coding paradigm. It is grounded in participant explanations of change and comprises of four sections. These include causal conditions, phenomenon, action and consequence. This model has been represented diagrammatically in Figure 3.

**Figure 3. A diagrammatic representation of the model of change**



**(i) Causal conditions**

Participants described three main sets of causal conditions. These included having a child (including pregnancy and childbirth), being in therapy or a self-help group, and having a relationship with a partner, professional, or another women who had been sexually abused. All the causal conditions identified pertained to young adulthood<sup>1</sup>. This suggests that each of these causal conditions represents a point in the lifecycle which promotes and facilitates a change in meaning to occur. Possible explanations for this have been outlined in section 4.5.

<sup>1</sup> Participant ages ranged from 23 to 42 years. This indicates that most participants were in young adulthood.



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**(ii) Phenomenon**

The phenomenon reported was divided into two main sections; having children and forming relationships with others. For many participants, having a child raised their awareness of their own experiences of CSA and the vulnerability of their child to abuse. For example, some participants described how having a child made it more difficult to 'block' or 'numb' their experiences of abuse. This supports the notion that motherhood can be accompanied by a lessening of dissociative defences and the re-awakening of the abuse experience. This also fits in with existing models which have argued that schemas are modified when an individual becomes emotionally aroused by an experience which is discrepant with existing beliefs (Clarke, 1991). Perhaps the need to bond emotionally with the child made it impossible to continue to function with the negative self and other schemas previously held as a result of the abuse. This discrepancy may be experienced as distressing and may have led participants to generate new models or schemas of the self, others and the experience of abuse.

In contrast, phenomenon which was linked to the causal categories 'being in a relationship', 'belonging to a self-help group' or 'having therapy' was characterised by a desire for greater intimacy and an ability to trust others in adulthood. It is hypothesised that in order to re-establish trust and intimacy, participants modified their existing schemas or meanings about the self (e.g. self as bad) and relationships (e.g. others cannot be trusted) that had been formed as a result of the abuse. However, for this process to occur, some participants described needing some sense of initial safety or security in relation to others (e.g. the ability to trust others). It is possible that a partner or therapist may have provided participants with a 'secure attachment base' which formed a 'safe' foundation to make subsequent changes (Hazan and Shaver, 1990). This hypothesis lends some support to the ideas

presented in earlier sections about the 'corrective' function of relationships in adulthood. The nature of the 'action' taken by participants will now be explored.

### **(iii) Action**

This category refers to the strategies used to manage or respond to the phenomenon identified above. Three types of action were identified by participants. These included 'needing to deal with the abuse' (for example, by thinking about the abuse, or talking to others), disclosing to others and seeking professional help. It was interesting that the 'action' identified appeared 'positive' in nature given that other research suggests that attempts made to manage painful feelings related to the experience of CSA can often be self-destructive or involve self-harm (Jehu, 1988).

According to theories of disclosure, people disclose when their feelings are so salient and persistent that they overwhelm other thinking. Disclosure can also be a strategy to build intimacy within a relationship (Derlega, 1987). This reflects the phenomenon identified by participants.

### **(iv) Consequences**

Overall, the consequences identified by participants appeared positive in nature. These included 'acceptance of the abuse', 'a reduction or cessation in self-blame' and 'feeling loved and supported'. This is an interesting result because it indicates that the changes in the meaning of the abuse reported by participants, such as the change from self-blame to perpetrator-blame, were linked to positive consequences (as seen above) as well as the initially negative consequences (such as fear of rejection and feelings of worthlessness - see section 4.5) reported earlier.

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There appeared to be some differences between the conditions that effected these changes. In particular, having children led to consequences which altered participants views of the abuse (such as seeing the abuse in a different way and accepting the abuse), whereas being in a relationship or in therapy led to a greater feeling of intimacy, trust and acceptance in relation to others. In both conditions, participants reported blaming the perpetrator and reducing or ceasing self-blame.

#### **4.7 Summary**

A tentative theoretical framework has been developed to account for the following:

- a) difficulties described by participants in gaining a sense of meaning for CSA in childhood and adolescence and a move towards a search for meaning in adulthood;
- b) the changes in the meaning given to the abuse over time from meanings located in negative self-schemas to meanings located in the perpetrator;
- c) the impact of the experience of CSA on relationships and the impact of relationships on the meaning given to participants' experiences of CSA; and
- d) explanations for the change in meaning over time.

This tentative framework was developed from a highly selected group of participants. This raises a number of methodological and conceptual issues. These are explored in the following section.

#### **4.8 Methodological and conceptual issues**

Whereas in quantitative research, where certain sampling conventions are observed to ensure representativeness and generalisability, in qualitative research the point is not to generate absolute statements of truth about an issue, rather the 'quality' of the research is judged by its ability to generate new theories, accounts or meanings on

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the nature of a particular phenomena. It takes future research to explore the generalisability or 'transferability' (Henwood and Pigeon, 1992) of the theoretical account developed. In this research participants were selected according to the notion of theoretical sampling (Strauss and Corbin, 1990). In theoretical sampling, participants are selected because they can inform the phenomenon being examined or because they can enrich the data that has already been collected. To what extent then can these results be generalised to the population as a whole? This issue is explored below.

Recruitment proved to be a problematic area in this study. A number of clinicians raised concerns about the process of interviewing women who had experienced CSA. They expressed concern that the interview was potentially distressing and that despite the ethical safeguards that had been put in place, that participants would agree to be involved in the project because it was difficult to 'say no'. Clearly, these were important issues that had been considered carefully throughout the research process. In fact, a number of potential participants that were approached by recruiting clinicians declined to be involved in the research. However, the participants who were involved described the interview as a helpful and rewarding process. The question remains as to whether the group who did not want to take part in the interview had formed different meanings for their abuse and whether this impacted on their relationships in different ways. How would their responses have impacted on the theoretical account developed ?

Another issue pertained to the nature of the services that participants were involved in. All those selected had some involvement with services, although the nature of these services differed. It is possible that these results may have little relevance to



those that do not access services. Furthermore, many of the participants that were recruited had regular contact with other participants, either within the self-help organisation or within psychotherapy groups. Through the process of sharing experiences together, participants may have influenced the ways in which other participants constructed their experience. This may account for some of the similarities that emerged in the data.

It was interesting that no real differences emerged between the responses given by participants recruited from self-help group organisations and those recruited from NHS services. There are a number of possible reasons for this. A number of similarities were evident between the participants recruited from both sources. For example, five participants recruited from self-help organisations had previous or current contact with mental health services. The ages of participants were similar for both groups and no clear differences could be found in the domestic circumstances of participants.

A further issue concerned the gender of the sample that was recruited. All were women. It is not known to what extent the results would apply to men. It is also possible to question the validity of selecting a sample solely on the basis of their reported history of CSA. CSA comprises of a set of experiences that do not form a unitary construct (Trickett and Putman, 1993). Without gathering specific information, such as the nature and severity of the abuse, it is unclear to what extent participants shared common experience. This information was not elicited because it was considered to be potentially distressing for participants to disclose. However, some authors argue that all forms of prolonged and repeated trauma form a specific

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syndrome (e.g. Herman, 1992). This suggests that there may be some homogeneity within the experience.

A final issue relates to the fact that participants were asked about the meanings they formed in childhood and adolescence in retrospect. It remains unclear to what extent the current meanings they gave to their experiences of CSA impacted on the way they reported the meanings formed in childhood and adolescence. Whilst ethically problematic, it would be interesting to determine whether children or adolescents give similar meanings for their experience of CSA as the participants did when recalling the meanings they formed in childhood and adolescence. Participants may have also found it particularly difficult to create a verbal narrative in the research interview if the traumatic memories were encoded in the form of sensations and images as is sometimes the case, particularly in the first few years of life (Waites, 1997).

#### **4.8.1 Evaluation of validity and reliability**

The following criteria were employed to evaluate the validity and reliability of the study's findings.

##### ***A. Inter-rater reliability***

This assessed the accuracy with which the author had categorised portions of text. It was completed by an independent rater. Inter-rater reliability was good, although the analysis was limited to three research questions. Further analysis was not undertaken because it would have been excessively demanding for the rater.

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### *B. Generativity*

This refers to the extent to which the research generates clinically informative implications and identifies potential areas of further research. The generative power of the research was considerable, both in developing an increased understanding of the ways in which the meaning formed for people's experiences of CSA changes over time, and the impact of interpersonal relationships on this process. It also generated several findings which served to inform clinical practice (see section 4.9).

### *C. Respondent validity*

The validity of the study was further tested by asking four participants to comment on the analysis that had been generated. They were also asked to indicate whether the categories and themes developed reflected their own experience. Overall, the participants that were re-interviewed agreed with the categories and themes (Appendix 10). Their comments were used to build on the emerging theoretical framework. However, it is possible that participants may have been hesitant to express disagreement with the analysis. This may reflect the power imbalance inherent in the relationship between researcher and participant. The researcher may also be seen as the 'expert' (Henwood and Pigeon, 1995). Bryman (1988) argues that such feedback cannot be accepted as a form of validation because participants do not hold a 'privileged status' which enables them to comment on aspects of the analysis which are not directly relevant to them.

### *D. Auditability*

The auditability of the study was attempted in a number of ways. First, the research was subjected to a process of peer review. This involved the author being asked a series of questions about data analysis and interpretation. No obvious biases or

prejudices were identified. Second, a diary was kept to provide a reflexive account of the research process. This enables the reader to judge the potential influence of the researcher's subjectivity in developing the emerging theoretical framework. The issue of reflexivity was particularly important in a number of areas. For example, there were occasions when the author felt emotionally affected by participant accounts. It is possible that this influenced subsequent participant responses and formed a source of researcher bias. A number of measures were undertaken to minimise this possibility. These included reflecting on issues and concerns in supervision and in personal therapy, and writing a self-reflexive diary account of the research process. These issues are explored further in the research diary (Appendix 6).

#### **4.9 Implications for clinical practice and service delivery**

The research generated a number of implications for services and clinical practice. These are explored below.

##### ***(i) Individual therapeutic work***

The research found that all participants constructed meanings for their experiences of CSA over the course of their lives. Exploring these meanings in the interview was reported to be a helpful process; it enabled some participants to 'make sense' and develop a sense of coherence from their experiences. This has important clinical implications. Clients may benefit from exploring the meanings and understandings of the abuse in therapy, even when memories or experiences are fragmented or 'disconnected'. Creating a narrative of meanings over time may help to bring some coherence to the individual's sense of self and others, and restore a feeling of continuity with the past.



One of the central findings of the research was the creation of negative schemas of the self and the world by participants as a result of their abusive experiences.

Relational factors which included being accepted, being valued and not being judged were identified as helpful in managing and modifying these schemas. Clearly, these characteristics are central to all therapeutic work. However, they may be particularly important when working with individuals who have experienced CSA. It is therefore recommended that particular attention is paid both to how these issues are managed in therapy and the nature of the therapeutic relationship.

A number of pointers to inform therapeutic work have also been identified.

Participants reported that it was unhelpful to be 'pushed' or to have a 'rigid agenda imposed' on their work with professionals. This suggests that emphasis should be placed on creating a safe environment, which restores power and control. Securing a 'safe' environment may promote a sense of 'connection', rather than 'disconnection', between therapist and client.

### ***(ii) Couple and family interventions***

The research has potentially important implications for interventions with couples and families. The results suggest that interpersonal factors are central to the meaning of CSA. Relationships with others were also found to exacerbate, or modify, existing meanings. Work with couples and families may enable negative self schemas to be modified and changed; it may also restrict the exacerbation of these schemas by others. This work may also promote a sense of connection with the interpersonal world. In addition, work with couples may help both partners to manage the potentially damaging relational meanings generated from the experience of abuse.

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**(iii) *Group and community based interventions***

The results of this research have several implications for group or community-based interventions. It suggests that women who have experienced CSA may benefit from interventions which aim to increase their contact with other women who have experienced CSA. Having contact with others that have been through related experiences can help individuals to generate more positive meanings for their experiences. Groups can also promote a sense of connection with the self and the world.

Many participants expressed a desire for more extensive community services that were accessible for children, adolescents and adults. Some felt that it was essential to preserve anonymity when accessing these services by holding them in non-NHS or Social Services settings. The results also suggest that it is necessary to increase the awareness and understanding of CSA to professionals within mental health and education services. This may be accomplished by providing more information (for example, running seminars) and disseminating the research in this area more effectively.

The research has also identified pregnancy, childbirth and being a mother as a potentially distressing time in the lifecycle. For many participants, these experiences enhanced feelings of vulnerability and increased the awareness of the abuse. Clearly, it is essential for support to be available during this time. One participant suggested setting up supportive groups for mothers who have experienced CSA. Services also need to target pregnancy and childbirth as times of potential risk. Informing health care professionals, particularly health visitors, of these issues might help them to provide support when needed. If people who have experienced CSA

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can be helped during these 'risk' points, they may generate more adaptive meanings for their experiences of abuse, and create less negative schemas of the self and the world. It may also promote the development of more 'healthy' relationships with their children.

#### ***(iv) Early intervention***

The research suggests an important role for early intervention strategies. One of the findings of the research was that participants developed negative self-schemas in early life and also experienced difficulties relating to others. It is hypothesised that if individuals are helped at an early age, then it may enable them to modify these schemas and develop more adaptive relationships with others before the 'negative' relationship schemas are consolidated.

### **4.10 Recommendations for further research**

#### ***(i) Testing-out the theoretical framework***

It was not possible to test out the emerging theoretical framework within the time constraints of the research. Searching for 'negative' cases which did not fit into the theoretical framework may have helped to extend the theory that was generated. Further theoretically driven sampling would have also enhanced the emerging theory. For example, it would have been useful to explore participants definitions of 'positive' versus 'negative' meanings for the experience of CSA.

#### ***(ii) Further evaluation of the study's findings***

Further evaluation was completed by feeding back the results of the study to a group of clinical colleagues and recruiting professionals. This aimed to enhance the rhetorical power of the study. Further respondent validity will be established by

meeting with participants to feed back the theoretical framework that was developed. They will also be given a written summary of the research and asked to give their comments.

### ***(iii) Suggestions for further research***

Many additional research questions were raised from this research. They include: What is the relationship between the meanings given to the experience of CSA and coping? To what extent are the meanings given to the experience of CSA influenced by gender (would they be different using a male sample)? Are the impacts of interpersonal relationships influenced by gender? What influence do socio-political issues have on the meanings given to the experience of CSA and what impact does this have on the person's relationships? Would the results of the research be different if an older sample was recruited? How do particular relationships (e.g. the mother) influence the meanings given to the experience of CSA? Are these meanings influenced by the nature of the relationship with the perpetrator (e.g. if the perpetrator was a father)? Unfortunately, it was not possible to explore these issues within the scope of the research. Future research must test out and expand the theoretical account developed in this research. It must also explore the 'generalisability' of the research findings.

## **4.11 CONCLUSION**

This research aimed to further our understanding of the meaning given to the experience of CSA over time, and the nature and complexity of the relationship between meaning and interpersonal relationships. A theoretical framework has been developed to account for the responses given by participants to the research questions. It is important to emphasise that this framework is tentative; further



research is required to further develop the theory. However, the generative power of the research was considerable, both in developing an increased understanding of the ways in which the meaning formed for people's experiences of CSA changes over time, and the impact of interpersonal relationships on this process. It also produced several findings which served to inform clinical practice and service delivery.

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**INTERVIEW SCHEDULE**

**Pre-interview procedure**

- Re-read the consent form
  - Answer any questions
  - Read the pre-interview sheet
- 

**SECTION A: BACKGROUND INFORMATION**

*'I'd like to begin this interview by asking you some questions about your general background. Could you begin by telling me a little about your current circumstances?'*

Include the following

- Age
- Employment
- Domestic circumstances

**SECTION B: CHILDHOOD**

*'I'm now going to ask you some questions about your understandings of your experiences of abuse. If it's all right with you I'd like to start with your earlier life'.*

**1. Meaning**

*'If you can look back to being a child, what understanding, if any, did you have of the abuse?'*

Prompt

- Understanding of why it happened
- What sense did you make of it?

follow-up

Did you think about it? Did you try not to think about it? Was it important for you to develop an understanding?

**2. Impact of meaning on relationships**

*'If you can continue thinking back to your childhood, did your understanding of the abuse influence the relationships you had in any way?'* (ask this question if responses given to question 1)

Prompt

Refer to the meanings/understandings identified in question 1.

### 3. Impact of relationships on meaning

*'Did your relationships with other people influence your understanding of the abuse?'*  
(ask this question if responses given to question 1)

#### Prompt

Refer to the meanings/understandings identified in question 1.

## SECTION C: ADOLESCENCE

### 4. Meaning

*'If you can now think about your adolescence, what understanding, if any, did you have of the abuse?'*

#### Prompt

Understanding of why it happened  
What sense did you make of it?

#### follow-up

Did you think about it? Did you try not to think about it? Was it important for you to understand this?

### 5. Impact of meaning on relationships

*'You have talked about the understanding you had of the abuse when you were an adolescent. Do you think this influenced your relationships with other people (in adolescence)?'* (ask this question if responses given to question 4)

#### Prompt

Refer to the meanings/understandings identified in question 4.

### 6. Impact of relationships on meaning

*'If you can continue to think about your relationships with others during your adolescence, do you think these relationships influenced the understanding you had of the abuse?'* (ask this question if responses given to question 4)

#### Prompt

Refer to the meanings/understandings identified in question 4.

## SECTION C: CURRENT TIME

### 7. Meaning

*'We are now going to move on to the present time. What understanding do you have of the abuse now?'*

#### Prompt

Understanding of why it happened

What sense did you make of it?

#### follow-up

Did you think about it? Did you try not to think about it? Was it important for you to understand this?

### 8. Impact of meaning on relationships

*'If you can carry on thinking about your current understanding of the abuse, do you think this understanding influences your relationships in any way?'* (ask this question if responses given to question 7)

#### Prompt

Refer to the meanings/understandings identified in question 7.

### 9. The impact of relationships on meaning

*'Do you think the relationships you have influences your understanding of the abuse in any way?'* (ask this question if responses given to question 7)

#### Prompt

Refer to the meanings/understandings identified in question 7.

## SECTION D: EXPLANATIONS FOR ANY CHANGE IN MEANING

10. *'Do you think your understanding of what happened to you (the abuse) has changed over the course of time, from being a child to the present time?'*

If yes:-

11. *'Can you describe what the change has been?'*

12. *'Why do you think this has changed over time?'*

Elicit the following information (if relevant):

- incidents, events, experiences
- feelings
- strategies, ways of responding
- consequences

## SECTION E: ROLE OF SERVICES

*'You have talked about your relationships with other people throughout the course of your life. Perhaps we can spend a little time thinking about what would be helpful or unhelpful in your relationships with professionals.'*

13. *'What would be helpful in a professional, particularly to help you to manage the meanings you have talked about in relation to the abuse?'*

14. *'What would be unhelpful in a professional, thinking again about managing the meanings you have talked about in relation to the abuse?'*

*'I am also interested in your views about how services might be improved to help individuals that have experienced sexual abuse to manage their understandings for the experience'*

### Prompt

Understanding of why the abuse happened

Sense made of the abuse

15. *'If you can first spend some time thinking about services for children that have experienced sexual abuse, what services do you think would be helpful to them?'*

16. *'What services would be helpful to adolescents that have experienced sexual abuse?'*

17. *'If you can continue to think about services, what services would be helpful to adults that experienced sexual abuse in childhood?'*

## SECTION F: THE MEANING OF THE INTERVIEW

*'Before we finish the interview, I would like to ask you a few questions about what it was like to be interviewed'.*

18. *'How did you find this interview?'*

19. *'Was there anything helpful for you about the interview?'*

### Explore further

Participants explanations for this

20. *'Was there anything unhelpful?'*

### Explore further

Participants explanations for this



**SECTION G: DEBRIEFING**

*'We have now finished the interview. Thank you for taking part. I would like to ask you couple of questions about how you feel at the end of the interview.'*

- 21. *'Could you tell me how you feel at the end of this interview?'*
- 22. *'What was it like to talk about these issues with me?'*
- 23. *'Has any aspect of this interview raised particular difficulties for you?'*

*'I would like to thank you again for taking part in this interview. It will help me to reach an understanding of how people try to understand and make sense of their experiences of sexual abuse and the effect that this has had on their relationships. I will be trying to find themes between the experiences of different people.'*

*I am now going to read you the responses you have given that I have written down. Please let me know if you are concerned about anything you have said in the interview'.*

**Additional questions**

- 24. *'Would you like me to leave anything out when I write up the research?'*
- 25. *'Was there anything that was not covered during the interview that you would like to raise now?'*

*'If any issues arise from this research interview, or if you have any questions that you would like to ask that you did not ask today, then please contact me by telephone at work (give the participant a card with this number). If I am not available when you call I will call you back as soon as possible'.*

**For participants included in the respondent validity study:**

*'I would like to meet up with you again to get your ideas and comments on the research as it develops. I would appreciate it if you could give me some feedback on this. Would you be interested in meeting up with me again in the near future?'*

*'I will be providing a summary of the findings from this research. It will be available after October 1999. Would you like a copy of this summary? Thank you for your time'.*

**SECTION H: RESEARCHER'S IMPRESSIONS**

*(recorded after the interview)*

- 24. What was the researcher's overall impressions of the interview?
- 25. Were there any particular issues that should be noted?

2 February 1999

Ms. Katrina Allan  
Psychologist in Clinical Training  
Salomans Centre  
Brookhill Road  
Southborough  
TUNBRIDGE WELLS  
Kent, TN3 OTG

Dear Ms. Allan

***MAKING SENSE OF CHILDHOOD SEXUAL ABUSE:***

***PROTOCOL NO.***            (Please quote in all correspondence)

Thank you for your letter dated 15th January 1999 enclosing the revised Patient Information Sheet as requested by the            Local Research Ethics Committee at their meeting on Wednesday 16th December 1998.

I am now happy to give you our approval for a period of 12 months from the date of this letter, on the understanding that you will follow the protocol as agreed.

It is your responsibility as the researcher who made the application to notify the Local Research Ethics Committee immediately you become aware of any information which could cast doubt upon the conduct, safety or an unintended outcome of the study for which approval was given.

If there are amendments which, in your opinion or opinion of your colleagues, could alter radically the nature of the study for which approval was originally given, a revised protocol should be submitted to the Committee.

You will no doubt realise that whilst the Committee has given approval for the study on ethical grounds, it is still necessary for you to obtain approval from the relevant Clinical Directors and/or Chief Executive of the Trust in which the work will be done.

Members of the Committee would like to know the outcome of the study and therefore ask that a report or copy of results is sent to the Secretary in due course.

Yours sincerely,

PP  
CHAIRMAN

LOCAL RESEARCH ETHICS COMMITTEE

Ms. Katrina Allan  
Psychologist in Clinical Training  
Salomons Centre  
David Salomons Estate  
Broomhill Road  
Southborough  
Tunbridge Wells  
Kent, TN3 OTG

Dear Ms. Allan

Re: **Making Sense of Childhood Sexual Abuse: a qualitative study**

Thank you for your letter of the 15<sup>th</sup> February with enclosures.

I am pleased to confirm that, now the amendments have been made, the project has full ethical approval.

Yours sincerely

AP  
Chair  
LREC



INVESTOR IN PEOPLE



### **Information for Potential Participants**

Dear Madam

I am undertaking a project investigating how people try to make sense of their experience of childhood sexual abuse. I would like to look at how the meanings they give to these experiences have influenced their relationships with other people at different times in their life, such as family members, friends, teachers and professionals. I am also interested in whether these relationships have influenced their ability to make sense of their experiences.

The project has developed from other research which suggests that some people who have been sexually abused in childhood try to find ways of making sense of their experiences. This project aims to get people's views on whether they have tried to do this. It is hoped that this research can help us to understand what enables some people who have been sexually abused to develop relationships with others which have helped them to cope with their experiences. It is also hoped that the research will give us increased understanding of how people who have experienced sexual abuse can be helped and supported to overcome any difficulties they may have.

I would greatly appreciate it if you would be willing to meet with me to give me your views. During our meeting I would like to ask you about how you have made sense of your experiences throughout the course of your life, and whether your relationships with other people have influenced your ability to do this. I will not ask you any questions about the details or circumstances of the sexual abuse. If you agree to be involved in the project I would also ask you if you would like me to send you a summary of the completed project.

I am aware that the information we would discuss is very personal and would like to emphasise that all the information written down during our meeting will remain strictly confidential. No information will be recorded in the meeting, or described in the write up of this research that could possibly lead to your identification. At the end of the meeting I will ask you if there is anything you would like me to leave out.

I expect the meeting to last for approximately one hour and a half hours. At any stage in the meeting you are free to decide not to continue and you do not have to give a reason for doing so. This will not influence the care you are receiving as a patient in any way.

If you decide that you would be willing to participate please sign the consent form on the following page. This is to ensure that you are aware of the nature and purpose of the study and have been given the opportunity to ask any questions about the research that you might have had. I will then contact you to arrange a meeting at a time that is suitable for you. I would like to stress that if you choose not to take part in the study you are free to withdraw at any time. Thank you for taking the time to read this proposal.

Yours sincerely

Katrina Allan  
Researcher

---

## CONSENT FORM

For the project:

*Making sense of childhood sexual abuse: A qualitative study examining how the meaning given to childhood sexual abuse impacts on a person's interpersonal relationships and the impact of interpersonal relationships on a person's ability to find meaning for their experience.*

Dear Madam

This form is to confirm that you are willing to participate in the proposed research. You should have had the opportunity to read the proposal form any questions you may have had should have been answered. You should also have had the opportunity to discuss the research with a professional that works with you, and the nature and purpose of the study should have been explained to you. If you would be willing to participate I will contact you in the near future to arrange a time to meet so that you can meet me and ask any further questions you may have. We will conduct the main research meeting at a later date, if you are still willing to participate.

Any details that are recorded during our meeting will remain strictly confidential and I will ask you at the end of the meeting if there is anything you would like me to leave out. I would also like to emphasise that no information recorded during the meeting or described in the research write up could lead to your identification.

Thank you for your participation.

Katrina Allan  
Researcher

---

I (name):

of (address):

telephone number (for the purposes of arranging a meeting):

hereby consent to take part in the research. The nature and purpose of the study has been fully explained to me. Any questions I have asked have been answered to my satisfaction. It is clear that I may withdraw at any stage without necessarily giving a reason to do so, and that this will not influence the care I receive as a patient in any way.

Signed (participant):

Date:

Signed (professional):

Date:



---

## THE PRE-INTERVIEW BRIEFING SHEET

**Read this schedule to the participant before each interview begins**

*Thank you for agreeing to take part in this research. As you have seen in the 'Information for participants' letter I would like to get your views on ways in which you may have tried to make sense of your experience of sexual abuse, and explore whether relationships with other people have influenced this process. I am also interested in getting your views on whether your experience of sexual abuse in childhood has affected your relationships with other people.*

*It is hoped that this research will increase our understanding of how people who have experienced sexual abuse can be helped to cope with any difficulties they may have. As you are aware, I am conducting this research during my final year of training in clinical psychology and will be writing up the results for my dissertation project.*

*In a few moments I will ask you to re-read the consent form that you were given before we met. I will also give you the opportunity to ask me any questions you may have about this research. I will then ask for your consent to begin our meeting.*

*I would again like to emphasise that at any time, you are free to stop this meeting and do not have to give a reason for doing so. This will not have any influence on the care you are receiving in any way. I will not ask for any details that could possibly lead to your identification. At the end of the meeting, I will read out the information I have recorded and ask you to comment on it. I will also ask you if you would like to leave out any information you have given.*

*The results of this research will be written up after the project has been completed. I would be happy to send you a summary of the report if you would like me to do so, and I also would welcome any comments on the report.*

**Give participants a copy of the consent form to read. When they have finished reading it ask:**

*Do you have any questions?*

*Do you consent to take part in the research?*



---

## RESEARCH DIARY<sup>1</sup>

### December 1997

I have started to think about my dissertation. I've already got some very tentative ideas - something about the ways in which we search to understand and make sense of the world. Perhaps I'm asking some personal questions about my struggle with how I derive a sense of meaning in my own life - this doesn't sound like dissertation material. I think I need to be a little more grounded. Yet maybe it's important to play with some ideas first. I've ordered a couple of articles that may help to clarify where I want to go with this.

### February 1998

I've started to do some reading. I seem to be gravitating towards reading and thinking about trauma, which in many ways links with my interest in meaning. I'm reading the Judith Herman book 'Trauma and Recovery' which is extremely powerful. It's also helping me to develop my thinking. The abused child, and adult survivor is very present in the book. This feels quite harrowing at times, and makes me think that if I plan to do a qualitative project with individuals that have experienced childhood sexual abuse, it could be emotionally demanding both from the position of interviewer and interviewee. What I do like about the book is the emphasis on recovery and healing. This may fit in with my dissertation ideas, something about how individuals adapt and develop resilience to traumatic experiences. I wonder if this links with meaning and the ability to 'make sense' of experience. Having read some of the other trauma literature, I would like to move away from literature which primarily focuses on problems and 'dysfunctions'. Something about the ways in which people adapt and change.

### June 1998

Research week. This is making me feel anxious. I seem to be doing a lot of reading but cannot come up with a clear idea. However, I have definitely decided to do a qualitative piece of research - it seems to fit in with my research interests. It also seems to be ethically more acceptable to interview people who have experienced trauma. I've started to read more about attachment and corrective relationships, I'd like to do something on this but I'm not sure if it links. Presumably relationships with others could be corrective - I wonder if they could help people to derive a sense of meaning for their experiences, or 'correct' negative meanings? Some of the cognitive literature fits with these ideas; 'meaning' seems to be very closely related to schemas of the self and the world.

### July 1998

I've managed to write my proposal. Somehow my ideas are beginning to take shape. I feel pleased, and relieved. Now the research feels a bit more real I'm beginning to feel think about what it will be like to actually *do* the research. How will I ask participants about their meanings - will this make any sense to them? Although this concept seems an important one from a clinical and research perspective, I feel concerned that it will make little sense from the participants' perspective. Also, what exactly do I ask participants? Some researchers have asked 'what meaning do you have for your experience of...'. This feels very inaccessible. Perhaps it would be

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<sup>1</sup> This is a summarised version of the diary.



more comprehensible to ask participants about the sense they have made of their experience or the understandings they have. I must continue to think about these issues and draw up an interview schedule soon.

### **August 1998**

I'm working on the interview schedule. There seems so much to fit in. It feels important to not assume that participants will construct any meaning for their experiences of abuse. However, writing the schedule is helping me to keep some clarity - I seem to be reading very widely at the moment.

### **November 1998**

I feel I haven't done anything with the research for ages. It's difficult to fit it in with everything else, particularly with a small scale research project deadline soon. I've just found out that I have to have some time off to have an operation in December or January. I am concerned that I won't finish the project on time. Nevertheless, I'm submitting to ethics committees. I am very aware that the project is ethically sensitive, although I've thought very carefully about incorporating ethical safeguards to minimise any potential distress.

### **January 1999**

The project has been granted ethical approval, although I am still waiting to hear from the other ethics committee I have applied to. I feel so relieved. Getting through ethics makes me feel that the project has been acknowledged as important in some way, that asking women about their experiences is worthy of being researched. Am I making assumptions about my future participants already? It feels so important to separate out issues which pertain to the participants and my own subjectivity. This feels like an ongoing process.

### **February 1999**

Things seem to be happening. I have had the operation and I am beginning to feel better, although I do feel exhausted. I have found some recruiting clinicians, which I am very pleased about. However, this has been a difficult process. A couple of clinicians have told me that asking women about their meanings and relationships would be distressing for them. One clinician told me that he thought it was very important to do research in this area, as long as it didn't involve interviewing people because it was 'ethically concerning'. This kind of feedback does make me feel very nervous about actually completing the interviews - if I ever get a sample. Am I being intrusive? Will I cause people distress by interviewing them? I can't help feeling annoyed about these comments (perhaps because I feel attacked?), although I do understand where these concerns arise from. Anyway, many people have been very positive about the project. Some have suggested that the interview may be a positive and empowering experience for participants, particularly because this is a group that have traditionally been unable to speak openly about their experiences. I am also pleased that I will be accessing participants from self-help sources as well as from the NHS. This will make the sample a more balanced. The women that run the self-help service are really keen to be involved in the project - they are pleased about research being done which reflects the *experience* of those that have gone through trauma.

### **March 1999**



I've started interviewing. I feel quite nervous about this, but completing the first few interviews has been a really positive experience. The questions have appeared to make sense to participants (relief!) and the feedback has been good - all the women I have interviewed have found it a helpful and positive process. One participant talked about how the interview helped to 'make sense' of her experiences. It feels like an exciting time - as if things are coming together. However, participants have talked about some very painful experiences. It has felt difficult to listen to this without being affected by it. I hope my feelings haven't influenced the interview process. It has also struck me how the interview is very clinical - in some ways it feels like an interview for therapeutic work, yet it is also very different, and clearly research. I now feel more comfortable with the interview process having completed a few more interviews.

### **April 1999**

I'm completing the final interviews but I don't seem to have much time to do anything else with the project because of the essay deadline. Despite this, I have done some thinking about the interviews. There seems to be some commonality in experience from childhood and adolescence. Yet, participants describe current meanings and relationships very differently. I'm also surprised at the number of participants that have talked about the effect of having children on the meanings given to the abuse. I'm pleased that a pattern of responses appears to be developing.

Now I'm finishing the interviews I'm beginning to think about feeding back the results to participants. Although I will do this in person, I also plan to give them a summary of the project. I hope this will be a meaningful process for them.

### **May 1999**

I've started to write, and analyse. The amount I have to do feels overwhelming. I've collected so many articles I don't know where to start. I've met with Sue and it feels reasonably straightforward where to go with the analysis, although the volume of transcripts to cover is daunting. Keep going.

### **June 1999**

Progress. I've done most of the analysis. There appears to be some patterns emerging in the results. This does reflect my experience of doing the interviews, although I was surprised at how much commonality in experience was reported. I was really pleased, and relieved, with the respondent validity study - overall, the categories and themes made sense to participants. However, I'm not sure how I am going to incorporate the huge volume of results into five or six thousand words. I do want to keep as many quotations in the report so participant accounts don't get lost in the text. I've got to finish a draft of everything by the end of June. It feels really frustrating to have so little time to actually write up the project after having done so much work on it. Sue has been very supportive and extremely helpful.

### **July 1999**

It is coming together, although I am finding it difficult to develop a coherent theoretical account in the discussion - there seems to be so many areas to bring together. Despite this, I am beginning to feel pleased with how the project looks. Most of all, I am looking forward to having a long rest.

**THE THEMES AND CATEGORIES GENERATED FOR PARTICIPANTS' RESPONSES TO THE RESEARCH QUESTIONS**  
**Tables 13 to 26**

Each table outlines the themes and categories generated from the responses given by participants to each research question. Responses given by participants recruited from self-help organisations are identified by the letter 'S' and responses given by participants recruited from NHS sources are identified by the letter 'N'. The number which is emboldened refers to the total number of participants that could be included in a particular category or theme. This includes participants recruited from NHS and self-help organisations.

Table 13. The categories generated for the participants difficulties in deriving meaning

Conceptual categories	Total number of participant responses N = 16		
	Childhood	Adolescence	Current
Lack of meaning	<b>2</b> 1 S 1 N	<b>2</b> 1 S 1 N	<b>3</b> 2 S 1 N
Avoidance (cognitive)	<b>2</b> 1 S 1 N	<b>3</b> 1 S 2 N	<b>3</b> 1 S 2 N
Blocking and numbing of the experience	<b>15</b> 8 S 7 N	<b>13</b> 6 S 7 N	<b>5</b> 3 S 2 N
Search to find meaning			
a. Search	<b>2</b> 2 S 0 N	<b>3</b> 1 S 2 N	<b>9</b> 6 S 3 N
b. Search helped to deal with the abuse	<b>1</b> 1 S 0 N	<b>0</b> 0 S 0 N	<b>2</b> 1 S 1 N
c. Started to search when recognised that the abuse happened	<b>0</b> 0 S 0 N	<b>1</b> 0 S 1 N	<b>2</b> 1 S 1 N



Table 14. The themes and categories generated for the participants meanings for CSA

Themes	Conceptual categories	Total number of participant responses N = 16		
		Childhood	Adolescence	Current
Blame and punishment	Self-blame	12 5 S 7 N	10 5 S 5 N	2 1 S 1 N
	Perpetrator-blame	0 0 S 0 N	1 1 S 0 N	10 6 S 4 N
	Self as 'bad' or wrong	10 4 S 6 N	7 3 S 4 N	0 0 S 0 N
	Perpetrator as 'bad' or wrong	0 0 S 0 N	0 0 S 0 N	5 3 S 2 N
	The abuse as punishment (to the self)	3 1 S 2 N	3 1 S 2 N	0 0 S 0 N
Normality versus abnormality	The abuse as 'normal'	4 2 S 2 N	3 1 S 2 N	0 0 S 0 N
	The abuse as 'abnormal'	3 2 S 1 N	2 1 S 1 N	0 0 S 0 N
	The self as 'different' (from others)	5 2 S 3 N	4 1 S 2 N	0 0 S 0 N
Powerfulness versus powerlessness	Self as powerless	1 1 S 0 N	2 2 S 0 N	2 1 S 1 N
	Self as powerful	0 0 S 0 N	3 2 S 1 N	4 3 S 1 N
	The perpetrator as powerful	0 0 S 0 N	0 0 S 0 N	3 2 S 1 N
Sense of purpose, self development	Purpose in life is to be abused	1 0 N 1 S	1 0 S 1 N	0 0 S 0 N
	Abuse 'created' self	0 0 S 0 N	0 0 S 0 N	8 5 S 3 N
	Abuse had a 'positive' influence on the self	0 0 S 0 N	0 0 S 0 N	4 3 S 1 N
Factors located in the perpetrator	Perpetrator suffering from a 'disorder' (e.g. a genetic disorder)	0 0 S 0 N	0 0 S 0 N	3 1 S 2 N
	Perpetrator experienced CSA	0 0 S 0 N	0 0 S 0 N	2 0 S 2 N

Table 15. The themes and categories generated for the ways in which the meaning given to the abuse impacted on participants relationships

Themes	Conceptual categories	Total number of participant responses N = 16		
		Childhood	Adolescence	Current
Connectedness	'Cut off', emotionally distanced from others	14 8 S 6 N	13 6 S 7 N	5 3 S 2 N
	Lack of sexual interest	N/A	5 3 S 2 N	8 5 S 3 N
Trust	Inability to trust others	8 5 S 3 N	6 4 S 2 N	7 4 S 3 N
Rejection	Fear of rejection	0 0 S 0 N	2 1 S 1 N	6 4 S 2 N
Self worth	Feelings of worthlessness	0 0 S 0 N	0 0 S 0 N	9 6 S 3 N
Social comparison	Feelings of inferiority	2 1 S 1 N	3 2 S 1 N	3 2 S 1 N
	Feeling different from others	3 2 S 1 N	5 2 S 3 N	0 0 S 0 N
Exposure	Attempts to be noticed	3 2 S 1 N	4 3 S 1 N	0 0 S 0 N
	Fear of being noticed	2 0 S 2 N	2 1 S 1 N	0 0 S 0 N

Table 16. The themes and categories generated for the ways in which interpersonal relationships exacerbate or confirm the meaning of the abuse

Themes	Conceptual categories	Total number of participant responses N = 16		
		Childhood	Adolescence	Current
Acceptance and rejection	Lack of affection and love	10 6 S 4 N	8 4 S 3 N	3 2 S 1 N
	Feelings of rejection	9 5 S 4 N	9 5 S 4 N	5 3 S 2 N
	Not being believed	3 2 S 1 N	5 3 S 2 N	0 0 S 0 N
Multiple experiences of abuse	Being abused by more than one person	7 4 S 3 N	4 3 S 1 N	0 0 S 0 N
Acknowledgement and recognition of the abuse	Others not intervening to stop the abuse	2 0 S 2 N	1 0 S 1 N	0 0 S 0 N
	Fear of others finding out	2 1 S 1 N	3 1 S 2 N	0 0 S 0 N
Formal investigations	The involvement of the police and social services	2 1 S 1 N	1 0 S 1 N	0 0 S 0 N

Table 17. The themes and categories generated for the ways in which interpersonal relationships modify the meaning of the abuse

Themes	Conceptual categories	Total number of participant responses N = 16		
		Childhood	Adolescence	Current
Love, caring and acceptance	Being loved and cared for	5 2 S 3 N	4 3 S 1 N	8 5 S 3 N
	Being loving to others	2 0 S 2 N	2 1 S 1 N	8 3 S 5 N
Sense of worth and value	Others have a sense of worth for the individual	2 0 S 2 N	1 1 S 1 N	3 1 S 2 N
Acceptance	Feeling accepted all right as a person'	4 2 S 2 N	3 2 S 1 N	12 5 S 7 N

Table 18. The categories generated for participants explanations for the change in the meaning given to the abuse: Having children

Coding paradigm	Categories	Total no. of responses N = 12 (5S, 7N)
Causal conditions (events, incident)	Pregnancy	1 0S, 1N
	Childbirth	2 1S, 1N
	Having/raising a child	6 4S, 2N
	The child becoming the same age of the participant when the participants' abuse started	4 1S, 3N
Sub-categories	Awareness of the child's body	2 2S, 0N
	Awareness of the child's need to be looked after and protected	3 2S, 1N
	Awareness of the child's sexuality	3 1S, 2N
	Awareness of the child's vulnerability to be abused	4 2S, 2N
Phenomenon (central category to which the set of actions is related)	Awareness of the participant's experience of abuse	8 3S, 5N
	Participant feelings of vulnerability	4 3S, 1N
	Inability to 'block' or 'forget' the participants' experience of abuse	4 1S, 3N
	Awareness of the participant's lack of protection in childhood	2 0S, 2N
	Low mood	2 1S, 1N
Action/intentional strategies (strategies devised to manage or respond to a phenomenon)	Need to 'deal' with the abuse	9 3S, 6N
	Disclosure <sup>1</sup>	4 2S, 2N
	Seek professional help (e.g. visit GP, access therapy or self-help organisation)	6 2S, 4N
Consequences	Seeing the abuse in a different way	6 4S, 2N
	Acceptance of the abuse	5 2S, 3N
	Perpetrator-blame	6 4S, 2N
	A reduction/cessation in self-blame	6 2S, 4N

<sup>1</sup> See Table 19 for further details about the category 'Disclosure'.



Table 19. The categories generated for participants explanations for the change in the meaning given to the abuse: Disclosure

Coding paradigm	Categories	Total no. of participant responses N = 11 (5S, 6N)
Causal conditions (events, incident)	Having children <sup>2</sup>	4 2S, 2N
	Being in a relationship	4 3S, 1N
	Being in therapy/self-help group	3 1S, 2N
Phenomenon (central category to which the set of actions is related)	Phenomena in relation to having children <sup>2</sup>	4 2S, 2N
	Trust of (i) partner	3 3S, 0N
	(ii) therapist	2 0S, 2N
	(iii) group members (self-help or therapy group)	2 1S, 1N
	Desire for more closeness in the relationship (with partner)	2 2S, 0N
	Feelings of distress in relation to the abuse	3 1S, 2N
Action/intentional strategies (strategies devised to manage or respond to a phenomenon)	Disclosure to partner in adulthood	7 5S, 2N
	Disclosure to therapist in adulthood	2 0S, 2N
	Disclosure to group members in adulthood (self-help or therapy group)	2 2S, 0N
Consequences	Feeling loved and supported	4 3S, 1N
	Feeling accepted	6 4S, 2N
	Developing a closer relationship with others	2 2S, 0N
	Being believed	8 5S, 3N
	A feeling of moving forward in life	2 2S, 0N
	Perpetrator-blame	4 2S, 2N
	A reduction/cessation in self-blame	4 2S, 2N
	A greater ability to trust others	5 3S, 2N

<sup>2</sup> See Table 18 for categories that relate to 'having children'. This information is not included in this table.

Table 20. The categories generated for participants explanations for the change in the meaning given to the abuse: Relationships with others

Description of relationship	Categories	Total number of participant responses N = 10 (S6, N4)
Partner (n = 5S, 3N)	Developing the ability to trust partner	4 3S, 1N
	Feeling understood	4 2S, 2N
	Not feeling judged	3 2S, 1N
	Feeling loved and supported	3 3S, 0N
	Feeling accepted	2 1S, 1N
	Expressing needs	1 1S, 0N
Professionals (n = 2S, 4S)	Being listened to	3 1S, 2N
	Feeling understood	3 0S, 3N
	Connect with feelings	2 0S, 2N
	Receiving guidance	3 1S, 2N
Other women that have experienced CSA (n = 4S, 3N)	Being understood	4 3S, 1N
	Listening to others	3 1S, 1N
	Being listened to	2 1S, 1N
	Not feeling different	3 2S, 1N

Table 21. The themes and categories generated for the qualities of professionals that are *helpful* in managing the meanings given to CSA

Themes	Conceptual categories	Total number of participant responses N =16
Capacity to listen to others	Can listen to the participant	6 4S, 2N
Able to be understanding	Able to understand the participant	6 2S, 4N
Likes, accepts and values others	Likes the participant	4 1S, 3N
	Accepts the participant	6 2S, 4N
	Values the participant	1 1S, 0N
	Not being judgmental	6 3S, 3N
Capacity for acknowledgement	Acknowledges the abuse experienced	6 4S, 2N
	Acknowledges the emotional pain associated with the abuse	2 2S, 0N
Able to be supportive	Able to reassure the participant	2 1S, 1N
	Able to offer support	7 3S, 4N
Facilitates participant control	Does not have a 'time-table' or rigid agenda	2 0S, 2N
	Does not interfere with the personal 'space' of the participant	2 1S, 1N
	Does not 'push' the participant, allows participant to determine the 'pace'	2 0S, 2N
	Allows the participant to talk about the abuse when ready	2 1S, 1N
Provides guidance	Able to guide to participant to ensure that affect is not overwhelming	2 2S, 0N
	Makes interpretations and suggestions to help 'make sense'	3 0S, 3N

Table 22. The themes and categories generated for the qualities of professionals that are *unhelpful* in managing the meanings given to CSA

Themes	Conceptual categories	Total number of participant responses N =16
Capacity to listen to others	Unable to listen to the participant	5 3S, 2N
Acknowledgement	Unable to acknowledge the abuse	4 2S, 2N
Judgement	Judges the participant	3 0S, 3N
Acceptance	Does not accept the participant	3 1S, 2N
Control	Pushes the participant to talk about abuse	2 1S, 1N



Table 23. The themes and categories generated for participants' views on how services for children could be changed to meet their needs more adequately

Themes	Conceptual categories	Total number of participant responses N =12
Issues that make it hard for children to elicit help	Children are not 'ready' to elicit help	1 1S, 0N
	Children are 'numbed' or not fully aware that the abuse is happening	2 1S, 1N
	Potential breach of confidentiality	2 2S, 0N
Need to develop existing services	Provide more information in public places	1 0S, 1N
	Educate professionals	1 1S, 0N
	Provide accessible drop-in centres	6 4S, 2N

Table 24. The themes and categories generated for participants' views on how services for adolescents could be changed to meet their needs more adequately

Themes	Conceptual categories	Total number of participant responses N =10
Issues that make it hard for adolescents to elicit help	Adolescents are not 'ready' to elicit help	1 0S, 1N
Need to develop existing services	Provide some one to talk to (e.g. accessible drop-in centres)	7 5S, 2N
	Provide specific services for teenagers	2 1S, 1N

Table 25. The themes and categories generated for participants' views on how services for adults could be changed to meet their needs more adequately

Themes	Conceptual categories	Total number of participant responses N =16
Need to develop existing services	Provide accessible and confidential drop-in centres	9 5S, 4N
	Provide drop-in centres in non-mental health settings	1 1S, 0N
	Increase the number of groups for 'survivors' run by 'survivors'	5 5S, 0N
	Increase the number of therapy groups available	3 1S, 2N
	Offer mental health services to partners and families	2 0S, 2N
	Provide support to women when raising children	2 1S, 1N



Table 26. The themes and categories generated for participants responses to being asked about the meaning of the interview

Themes	Conceptual categories	Total number of participant responses N =16
Helpful process	Helped to make sense of CSA	5 2S, 3N
	Helped to develop a more coherent understanding of the past and present	2 0S, 2N
	Helpful to talk to a mental health professional about their experiences	4 3S, 1N
	Empowering to talk to a mental health professional about their experiences	1 1S, 0N
	Helped the participant to 'find a voice'	2 2S, 0N
	The research process might help other women	3 1S, 2N

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## AN EXAMPLE OF A THEORETICAL MEMO

**5 June 1999**

At this stage in the analysis there appears to an emerging pattern of participant responses:

### *Meaning of the abuse*

Meanings in childhood and adolescent differ from those generated for the present time. Most commonly, there appears to be change from 'self-blame' and 'self as bad or wrong' to 'perpetrator-blame' and 'the perpetrator as bad or wrong'. Also, many participants report the abuse being 'numbed' or 'blocked' in childhood and adolescence. This appears to make it difficult to derive a sense of meaning for some participants. It is interesting that there appear to be few differences between responses in childhood and adolescence.

### *The impact of the meaning of the abuse on relationships*

There also appears to be some commonality between responses given in childhood and adolescence; these also differ from the current time. Childhood and adolescence is characterised by 'cut off and emotionally distanced' state, in relation to others. This may not be surprising because the self is described as 'numbed' during this time. Difficulties in relationships such as an inability to trust are also reported in childhood and adolescence. Some of these 'negative' effects, or difficulties are also reported in adulthood although 'new' effects such as feelings of worthlessness are also reported when describing current meanings. Perhaps these feelings are influenced by the negative views of the self reported early in life.

### *The impact of interpersonal relationships on the meaning of the abuse*

Relationships are reported to have an impact on the meaning of the abuse in childhood, adolescence and the current time. This is divided into 'meaning exacerbated by' and 'meaning modified by'. However, differences emerge over time. In particular, participants talk more about the ways in which meanings are modified in the present time, when compared to the past. This may contribute to less 'negative' meanings being reported in the present. It is possible that these relationships are 'corrective' in some way.

## INSTRUCTIONS FOR RATERS

### INTER-RATER RELIABILITY STUDY

Thank you for agreeing to take part in the rating of this study. I would first like you to read each interview carefully. When you are reading the interviews I would like you to consider the following three questions:

- *What are the participants' explanations for the meaning given to the abuse? (also think about any difficulties experienced by participants in deriving a sense of meaning for their experiences)*
- *What impact does the meaning of the abuse reported by participants have on interpersonal relationships?*
- *What impact do interpersonal relationships have on participants' meanings for their abuse?*

Once you have read the interviews, I would like you to select one of the interviews. Put the participant number on the interview on the top of the category rating form. Read the interview again and place a tick in the box on the rating form when you feel a participant makes a comment that fits a particular category. Please repeat this procedure for all the four interviews you have been given.

Thank you for your help.

CATEGORY RATING FORM

Participant number \_\_\_\_\_

**Question 1. What are the participants' explanations for the meaning given to the abuse?**

- Perpetrator experienced sexual abuse ☐
- Self-blame ☐
- Perpetrator-blame ☐
- Perpetrator as 'bad' or wrong ☐
- Self as powerless ☐
- The abuse as punishment (to the self) ☐
- Self as 'bad' or wrong ☐
- The abuse as 'abnormal' ☐
- The self as 'different' (from others) ☐
- Abuse 'created' self ☐
- Self as powerful ☐
- Abuse had a 'positive' influence on the self ☐
- The perpetrator as powerful ☐
- The abuse as 'normal' ☐
- Purpose in life is to be abused ☐
- Perpetrator suffering from a 'disorder' (e.g. a genetic disorder) ☐

*Please also rate any difficulties experienced by participants in deriving a sense of meaning for their experiences:*

- Reported lack of meaning ☐
- Avoidance (cognitive) ☐



- 
- |   |                          |
|---|--------------------------|
| Blocking and numbing of the experience                    | <input type="checkbox"/> |
| Search to find meaning                                    | <input type="checkbox"/> |
| Search helped to deal with the abuse                      | <input type="checkbox"/> |
| Started to search when recognised that the abuse happened | <input type="checkbox"/> |

***Question 2. What impact does the meaning of the abuse have on the participants' interpersonal relationships?***

- |   |                          |
|---|--------------------------|
| Feelings of inferiority                                 | <input type="checkbox"/> |
| 'Cut off', emotionally distanced from others            | <input type="checkbox"/> |
| Lack of sexual interest                                 | <input type="checkbox"/> |
| Inability to trust others                               | <input type="checkbox"/> |
| Fear of rejection                                       | <input type="checkbox"/> |
| Feelings of worthlessness Feeling different from others | <input type="checkbox"/> |
| Attempts to be noticed                                  | <input type="checkbox"/> |
| Fear of being noticed                                   | <input type="checkbox"/> |

***Question 3. What impact do interpersonal relationships have on participants' meanings for their abuse?***

*Please separate into impacts that (a) exacerbate or confirm meanings, and (b) modify meanings*

***(a) Relationship impacts that exacerbate or confirm meanings given to the abuse***

- |                                      |                          |
|--------------------------------------|--------------------------|
| Being abused by more than one person | <input type="checkbox"/> |
| Not being believed                   | <input type="checkbox"/> |
| Feelings of rejection                | <input type="checkbox"/> |
| Lack of affection and love           | <input type="checkbox"/> |

- 
- Others not intervening to stop the abuse ☐
- Fear of others finding out ☐
- The involvement of the police and social services ☐

*(a) Relationship impacts that modify meanings given to the abuse*

- Being loved and cared for ☐
- Being loving to others ☐
- Others have a sense of worth for the individual ☐
- Feeling accepted ☐

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## A SUMMARY OF THE RESULTS OF THE RESPONDENT

### VALIDITY STUDY

All four participants interviewed agreed with the themes and categories generated. These comments were used to further inform the emerging theory. The comments given by participants are briefly summarised.

#### **The meaning given to the experience of CSA**

All the participants interviewed reported that the themes and categories within this research question accurately reflected their experiences. Two participants talked in more detail about the sense of disconnection experienced from the self, the abuse and relationships with others in childhood and adolescence. This made one participant describe feeling *'sad at what has been wasted - it was as if I wasn't properly living'*. Participants also agreed with the finding that meanings in childhood were characterised by self-blame, whereas meanings in the current time were located either in the perpetrator, or within the self in a positive way:

*'I can see good in it now. It's nice to know that I'm not the only one that thinks about it like that'* (Sally).

#### **The impact of interpersonal relationships on the meaning given to the experience of CSA**

All four participants agreed with the themes and categories generated. For example, Martina stated:

*'I never realised that others also felt different from others. That has had a huge effect on me throughout my life'*.

### **The impact of the meaning given to CSA on interpersonal relationships**

The participants also agreed that relationships with others had *'made much worse'* the meanings generated for the abuse throughout childhood and adolescence. Two participants described current relationships modifying abuse-related meanings. This accorded with the analysis.

*'That's been a big effect. When I was a child everyone I knew seemed to make it worse. If someone had been there to make it different, perhaps I would have turned out differently'* (Janet).

### **Explanations for the change in meaning**

The participants confirmed the categories that had been generated in this grouping.

Sally stated:

*'hearing about change, that those feelings about yourself do change feels really good. It gives me some hope, for me and the other people like me'.*

All four participants talked about experiencing a change in meaning following interpersonal events or experiences in adulthood. This provided additional support for the categories and themes generated.



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**AN ANONYMISED SECTION OF TRANSCRIPT  
PARTICIPANT 'ANNABEL'**

- Interviewer I'm going to start by asking you some questions about your understanding of the abuse. If it is OK with you I'd like to start by asking you about your childhood. If you can look back to being a child, what understanding, if any, did you have of the abuse?
- Participant As a child I was abused by two people that didn't know each other. I thought it was my fault, something I'd done. I can remember living with that horrible feeling that I'd done something bad - it was awful. That feeling stayed with me for a long time, all through my teenage years. I believed it was what I deserved because I was bad, or had done something wrong. But, looking back I blocked everything off. I can't remember hardly anything of the abuse, or anything else. I've got no memory, not of being at home, a bit at school but hardly anything.
- Interviewer Could you tell me a bit more about that, the 'blocking' that you are describing.
- Participant Well it was as if I was cut off from it, as if it wasn't really happening to me. It's hard to explain but I wasn't really aware that it was happening, the abuse. It wasn't real, it was like a bad dream.
- Interviewer Do you think that affected your ability to understand or make sense of what was happening to you, in terms of the abuse?
- Participant Yes, definitely. Half of me wasn't really there so I couldn't really make sense of it, apart from that it was my fault in some way. Stupid really looking back on it now but that was how it felt back then.
- Interviewer If you can continue to think back to your childhood, do you think the understandings of the abuse that you have talked about influenced your relationships with others in any way?
- Participant My relationships in childhood? Yes, definitely. I was really cut off, not really there. I was cut off from everyone. Maybe that was something to do with not being able to trust anyone, not letting anyone get too close. I was blocked off from everything, the abuse, myself, my family, school. I was in a world of my own; no-one could get to me.
- Interviewer If you can continue to think about your relationships with others as a child, do you think these relationships influenced the understandings of the abuse that you have talked about? For example, did these relationships have an impact on your feeling that the abuse was your fault and that you were bad in some way?
- Participant Yes. They definitely made me feel even worse, as if they confirmed everything that was going on with the abuse, and all my feelings about it.

- Interviewer? In what way?
- Participant My family did nothing to make things OK. They just let me down, they were almost as bad as the abuse. In some ways they made how I felt about myself and what had happened worse. It was as if they made me feel even more like a bad person by not loving me, or being there for me. Maybe if my Mum had given me some love, or cared about me, things might have been different, I might have felt that I was all right. But she was never there, as if I wasn't important. For a long time it's been hard to think about that but I've come to terms with it much more now. It's been good to come here, to realise that I am not the only one. I think it's also made me realise that it's not just the abuse that affected me; it was my family too.
- Interviewer Perhaps we can move on to think about your understandings of the abuse in adolescence. Looking back, what understandings of the abuse did you have in adolescence, if any?
- Participant It was very similar to being a kid. I felt the same. It was a really bad time, really tough. But I don't think I was ever really there, I was distant from everyone, as if I was in my own weird world.
- Interviewer So there was something very similar as an adolescent, in terms of the 'cutting off' that you described as a child.
- Participant Yes. I felt really numb as a teenager - I was still cut off from the abuse and everything else. Even though I was older and the abuse had stopped I can still remember feeling as if I was bad, and that the abuse was my fault - I still blamed myself. I'm not sure if I thought about it all the time like that, but I know that was how I felt.
- Interviewer You mentioned your relationships with others during your teenage years; do you think your understandings of the abuse that you have talked about influenced these relationships in any way?
- Participant It was a bit like being a child, I was really cut off from everyone. It was as if I was in my own world and that no-one could get through to me. That was really hard as a teenager because of the pressure to be popular, especially with the boys. Maybe it was like being a kid but worse in some ways as a teenager - I'm not sure. I felt really weird then, different from the others as if I stood out. I couldn't handle it.
- Interviewer If you can continue to think about your relationships with others during your adolescence, do you think these relationships influenced your understanding of the abuse? In other words, do you think your relationships with others had an impact on your feelings of being bad, and blaming yourself.
- Participant It was like when I was a kid - Mum and Dad and everyone else made everything worse - I felt as if no-one was there for me. It was almost

as if they didn't care about me, like when I was a kid. I think it made me feel even more crap as a person.

Interviewer      What about other relationships that you had at the time?

Participant      Like friends, and school? I guess so. I felt no-one cared, but I never let anyone get too close; maybe I never gave them a chance. Looking back all my relationships felt the same - friends, family, everyone. I never felt all right, or part of it and accepted. They all made me feel worse - shitty inside, just like what they did to me, it all became part of the same thing, my abusers and everyone else. Coming here has made a real difference, as if I can begin to feel all right, not shitty and bad, as if I am all right.